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	STA	TE PLAN	N UN	IDER	TITI	LE XIX OF THE SOCIAL SECURITY ACT
		State:				UTAH
		ELIG	SIBIL	_ITY(CON	DITIONS AND REQUIREMENTS
Citation	Conc	lition or l	Req	uirem	ent	
		A.	Ge	neral	Con	ditions of Eligibility
			Ea	ch inc	dividu	al covered under the plan:
42 CFR Part Subpart G	435,		1.	ls fi	des	ially eligible (using the methods and standards cribed in Parts B and C of this Attachment) to receive vices.
42 CFR Part	435,		2.	Mee	ets th	e applicable non-financial eligibility conditions.
Subpart	Subpart F			a.	For	the categorically needy:
					(i)	Except as specified under items A.2.a.(ii) and (iii) below, for AFDC-related individuals, meets the non-financial eligibility conditions of the AFDC program.
					(ii)	For SSI-related individuals, meets the non-financial criteria of the SSI program or more restrictive SSI-related categorically needy criteria.
1902(1) of th Act	e				(iii)	For financially eligible pregnant women, infants or women, infants or children covered under sections 1902(a)(10)(A)(I)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(ii)(IX) of the Act, meets the non-financial criteria of section 1902(1) of the Act.
1902(m) of the Act	ne				(iv)	For financially eligible aged and disabled individuals disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act, meets the non-financial criteria of section 1902(m) of the Act.
T N1 #		02.6	200			Ammunal Data 5 20 02

T.N. #	92-002	Approval Date _	5-20-92
O	04.004	Effective Date	4.4.00
Supersedes T.N. #	91-021	Effective Date _	1-1-92

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: UTAH										
	ELIG	SIBIL	.ITY	ITY CONDITIONS AND REQUIREMENTS							
Citation	Citation Condition or Requirement										
	A.	Ge	neral	Conditions of Eligibility (Continued)							
		2.	b.	For the medically needy, meets the non-financial eligibility conditions of 42 CFR Part 435.							
1905(p) of the Act			C.	For financially eligible qualified Medicare beneficiaries beneficiaries covered under section 1902(a)(10)(E)(i) of Act, meets the non-financial criteria of section 1905(p) of the Act.							
1905(s) of the Act			d.	For financially eligible qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, meets the non-financial criteria of section 1905(s).							
42 CFR		3.	ls r	esiding in the United States and							
435.402			a.	Is a citizen;							
Sec. 245A of the Immigration and Nationality Act			b.	Is an alien lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law, as defined in 42 CFR 435.408;							
1902(a) and 1903(v) of the Act and 245A(h)(3)(B) of the Immigration & Nationality Act			C.	Is an alien granted lawful temporary resident status under section 245A and 210A of the Immigration and Nationality Act if the individual is aged, blind, or disabled as defined in section 1614(a)(1) of the Act, under 18 years of age or a Cuban/Haitian entrant as defined in section 501(e)(1) and (2)(A) of P.L. 96-422;							
T.N. #	92-0	001	_	Approval Date <u>2-11-92</u>							

Effective Date ____1-1-92_

Supersedes T.N. # 91-021

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OTA		ONDE	THEE AIX OF THE GOOIAE GEODITH AGT
	State: _		UTAH
	ELIG	BILITY	CONDITIONS AND REQUIREMENTS
Citation		Cond	dition or Requirement
	A.	Genera	l Conditions of Eligibility (Continued)
		3. d.	Is an alien granted lawful temporary resident status under section 210 of the Immigration and Nationality Act not within the scope of c. above (coverage must be restricted to certain emergency services during the five-year period beginning on the date the alien was granted such status); or
		e.	Is an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law (coverage must be restricted to certain emergency services).
42 CFR 435.403 1902(b) of the Act		ind	a resident of the State, regardless of whether or not the lividual maintains the residence permanently or maintains t a fixed address.
		X	State has interstate residency agreement with the following States: Arkansas, Colorado, Delaware, Georgia, Hawaii, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Mexico, Oklahoma, Rhode Island, South Dakota, West Virginia, Wisconsin
			State has open agreement(s).
			_Not applicable; no residency requirement.
 T.N. #	91-0	 21	Approval Date 12-16-91
Supersedes T.N. #	89-0	14_	Effective Date10-1-91

Revision: HCFA-PM-91-8 (MB)

October 1991

Supersedes T.N. # 92-001

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Effective Date 12-1-91

SIA	I E PLAI	N UN	IDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:		UTAH
	ELIC	SIBIL	ITY CONDITIONS AND REQUIREMENTS
Citation			Condition or Requirement
	A.	Ge	neral Conditions of Eligibility (Continued)
42 CFR 435.1008		5.	a. Is not an inmate of a public institution. Public institutions do not include medical institutions, nursing facilities and intermediate care facilities for the mentally retarded, or publicly operated community residences that serve no more than 16 residents, or certain child care institutions.
42 CFR 435.1008 1905(a) of the Act			b. Is not a patient under age 65 in an institution for mental diseases except as an inpatient under age 22 receiving active treatment in an accredited psychiatric facility or program.
			 Not applicable with respect to individuals under age 22 in psychiatric facilities or programs. Such services are not provided under the plan.
42 CFR 433.145 1912 of the Act		6.	Is required, as a condition of eligibility, to assign his or her own rights, or the rights of any other person who is eligible for Medicaid and on whose behalf the individual has legal authority to execute an assignment, to medical support and payments for medical care from any third party. (Medical support is defined as support specified as being for medical care by a court or administrative order.)
	91-(025	Approval Date 7-10-92

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 3a1

STAT	TE PLAN	I UN	IDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: _		UTAH
	ELIG	IBIL	ITY CONDITIONS AND REQUIREMENTS
Citation		(Condition or Requirement
	A.	Gei	neral Conditions of Eligibility (Continued)
		6.	(Continued) An applicant or recipient must also cooperate in establishing the paternity of any eligible child and in obtaining medical support and payments for himself or herself and any other person who is eligible for Medicaid and on whose behalf the individual can make an assignment; except that individuals described in §1902(I)(1)(A) of the Social Security Act (pregnant women and women in the post-partum period) are exempt from these requirements involving paternity and obtaining support. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
			An applicant or recipient must also cooperate in identifying any third party who may be liable to pay for care that is covered under the State plan and providing information to assist in pursuing these third parties. Any individual may be exempt from the cooperation requirements by demonstrating good cause for refusing to cooperate.
			Assignment of rights is automatic because of State law.
42 CFR 435.910		7.	Is required, as a condition of eligibility, to furnish his/her social security account number (or numbers, if he/she has more than one number), except for aliens seeking medical assistance for the treatment of an emergency medical condition under section 1903(v)(2) of the Social Security Act (section 1137(f)).
T.N. #	91-0)25	Approval Date 7-10-92
Supersedes T.N. #			Effective Date 12-1-91

(BPD) ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 August 1991 Page 3b

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

117411

	State: UTAH
	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation	Condition or Requirement
	A. General Conditions of Eligibility (Continued)

1902(a)(10)(A)(ii)(IX) of the Act.

1902(e)(10)(A) and (B) of the

Act

1902(c)(2)

Is not required, as an individual child or pregnant woman, to meet requirements under section 402(a)(43) of the Act to be in certain living arrangements. (Prior to terminating AFDC individuals who do not meet such requirements under a State's AFDC plan, the agency determines if they are otherwise eligible under the State's Medicaid plan.)

cover under sections 1902(a)(10)(A)(i)(IV) and

Is not required to apply for AFDC benefits under title IV-A as a condition of applying for, or receiving, Medicaid if the individual is a pregnant woman, infant, or child that the State elects to

T.N. #	91-021	Approval Date _	12-16-91
Supersedes T.N. #	New	Effective Date	10-1-91

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement

A. General Conditions of Eligibility (Continued)

1906 of the Act

10. Is required to apply for enrollment in an employer-based cost-effective group health plan, if such plan is available to the individual. Enrollment is a condition of eligibility except for the individual who is unable to enroll on his/her own behalf (failure of a parent to enroll a child does not affect a child's eligibility).

New York State Department of Social Services v. Dublino, 413 U.S. (1973) 11. Is required to apply for coverage under Medicare Part B if it is likely that the individual would meet the eligibility criteria for that program. The state agrees to pay any applicable premiums and cost-sharing (except those applicable under Part D) for individuals required to apply for Medicare. Application for Medicare is a condition of eligibility unless the state does not pay the Medicare premiums, deductibles or co-insurances (except those applicable under Part D) for persons covered by the Medicaid eligibility group under which the individual is applying.

T.N. #	05-014	Approval Date _	10-24-05
Supersedes T.N. #	91-025	Effective Date	7-1-05

Revision: HCFA-PM-97-2

December 1997

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
ELIC	GIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement B. Post-Eligibility Treatment of Institutionalized Individuals' Incomes The following items are not considered in the posteligibility process: 1902(o) of the Act SSI and SSP benefits paid under §1611(e)(1)(E) and (G) of the Act to individuals who receive care in a hospital, nursing home, SNF, or ICF. Bondi v Sullivan Austrian Reparation Payments (pension [reparation] payments made under §500-506 of the Austrian General Social Insurance Act). Applies only if State follows SSI program rules with respect to the payments. 1902(r)(1) of the Act C. German Reparations Payments (reparation payments made by the Federal Republic of Germany). 105/206 of P.L. 100-383 Japanese and Aleutian Restitution Payments. 1.(a) of P.L. 103-286 Netherlands Reparation Payments based on Nazi, but not e. Japanese, persecution (during World War II). 10405 of P.L. of 101-239 Payments from the Agent Orange Settlement Fund or any f. other fund established pursuant to the settlement in the In re Agent Orange product liability litigation. M.D.L No. 381 (E.D.N.Y.). 6(h)(2) of P.L. 101-426 g. Radiation Exposure Compensation. VA pensions limited to \$90 per month under 38 U.S.C. 12005 of P.L. 103-66 h. 5503. T.N. # 99-005 Approval Date 10-1-99 Supersedes T.N. # 96-003 Effective Date 4-1-99

Revision: HCFA-PM-97-2 ATTACHMENT 2.6-A December 1997 Page 4a

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5	IAIEPLAN	UNDE	R TITLE XIX OF THE SOCIAL SECURITY ACT
	State:		UTAH
	ELIG	IBILITY	CONDITIONS AND REQUIREMENTS
Citation	Condit	ion or R	Requirement
	В. <u>Р</u>	ost-Elig	ibility Treatment of Institutionalized Individuals' Incomes (Cont.)
1924 of the Act 435.725 435.733 435.832	2	ded insti	following monthly amounts for personal needs are ucted from total monthly income in the application of an itutionalized individual's or couple's income to the cost of itutionalized care.
			sonal Needs Allowance (PNA) of not less than \$30 for individuals \$60 for couples for all institutionalized persons.
		a.	Aged, Blind, Disabled: Individuals \$_45_ Couples \$
			For the following individuals with greater need:
			Supplement 12 to <u>ATTACHMENT 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
		b.	AFDC related: Children \$ 45 Adults \$ 45
			Supplement 12 to <u>ATTACHMENT 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
		C.	Individuals under age 21 covered in this plan as specified in Item B.7. of ATTACHMENT 2.2-A. \$_45
T.N. #	99-005		Approval Date 10-1-99
Supersedes T.N. # _	96-003		Effective Date4-1-99

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S	STATE PLAN UN	NDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
	ELIGIBIL	LITY CONDITIONS AND REQUIREMENTS
Citation	Condition	or Requirement
	B. <u>Post</u> -	Eligibility Treatment of Institutionalized Individuals' Incomes (Cont.)
		For the following persons with greater need: Supplement 12 to <u>ATTACHMENT 2.6-A</u> describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met.
1924 of the Act		In addition to the amounts under item 2., the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse: a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard can not exceed the maximum prescribed in §1924(d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.
T.N. #	99-005	Approval Date10-1-99
Supersedes T.N. #	96-003	Effective Date 4-1-99

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	STATE PLAN UND	DER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
	ELIGIBILI	TY CONDITIONS AND REQUIREMENTS
Citation	Cor	ndition or Requirement
	B. <u>Post-E</u>	ligibility Treatment of Institutionalized Individuals' Incomes (Cont.) In determining any excess shelter allowance, utility expenses are calculated using:
		x the standard utility allowance under §5(e) of the Food Stamp Act of 1977, or
		the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges.
	b.	The monthly income allowance for other dependent family members living with the community spouse is:
		\underline{x} one-third of the amount by which the poverty level component (calculated under §1924(d)(3)(A)(i) of the Act, using the applicable percentage specified in §1924(d)(3)(B) exceeds the dependent family member' monthly income.
		a greater amount calculated as follows:
		The following definition is used in lieu of the definition provided by the Secretary to determine the dependence of family members under §1924(d)(1):
	C.	Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party: (i) Medicaid, Medicare, and other health insurance premiums, deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to ATTACHMENT 2.6-A).

T.N. #	99-005	Approval Date _	10-1-99
Supersedes T.N.#	96-003	Effective Date	4-1-99
Superseues 1.14. # _	30-003	Lifective Date	4-1-33

Revision: HCFA-PM-97-2 ATTACHMENT 2.6-A December 1997 Page 5

	STATE PLAN	UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: _	UTAH
	ELIG	BILITY CONDITIONS AND REQUIREMENTS
Citation		Condition or Requirement
	B. <u>Po</u>	ost-Eligibility Treatment of Institutionalized Individuals's Incomes (Cont.)
	4.	In addition to any amounts deductible under the items above, the following monthly amounts are deducted from the remaining monthly income of an institutionalized individual or an institutionalized couple: a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment of need but must not exceed the higher of the: • AFDC level; or • Medically needy level: • Other: \$
435.725 435.733 435.832	5.	At the option of the State, as specified below, the following is deducted from any remaining monthly income of an institutionalized individual or an institutionalized couple.
	cc inc	monthly amount for the maintenance of the home of the individual or uple for not longer than 6 months if a physician has certified that the dividual, or one member of the institutionalized couple, is likely to return the within that period: No Yes. (the applicable amount is shown on page 5a).
T.N. #	99-005	Approval Date 10-1-99
Supersedes T.N. #	<u> 96-003</u>	Effective Date4-1-99

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	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: UTAH
	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation	Condition or Requirement
	B. Post-Eligibility Treatment of Institutionalized Individuals's Incomes (Cont.)
	x Amount for maintenance of home is:
	\$ <u>337</u>
	Amount for maintenance of home is the actual maintenance costs not to exceed \$
	Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individual's home and the community spouse's home are different.
	X Amount for maintenance of home is not deductible when countable income is determined under §1924(d)(1) of the Act.

T.N. #	99-005	Approval Date _	10-1-99
Supersedes T.N. #	96-003	AEffective Date _	4-1-99

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation(s)

Condition or Requirement

42 CFR 435.711 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section I902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section I902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections I902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

T.N. # 92-002 Approval Date 5-20-92

Supersedes T.N. # 91-021 Effective Date 1-1-92

Revision: HCFA-PM-7

October 1995

(MB) ATTACHMENT 2.6-A Page 6a

STATE PLAN U	UNDER TITLE	XIX OF THE	SOCIAL SEC	URITY ACT

	State:	UTAH
	ELIGIE	BILITY CONDITIONS AND REQUIREMENTS
Citation		Condition or Requirement
	C. <u>Fin</u>	ancial Eligibility (Continued)
	_	Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically needy poverty level related groups, and for medically needy groups.
		Supplement 7 to ATTACHMENT 2.6-A specifies the income levels for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.
		Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
		Supplement 5 to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.
	X	Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section I902(r)(2) of the Act.
	X	Supplement 8b to ATTACHMENT 2.6-A specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
	X	Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under section 1902(z)(1) of the Act.
T.N. #	03-017	Approval Date <u>10-9-03</u>
Supersedes T.N. # _	95-020	Effective Date 7-1-03

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317	ATE PLAN UNL	PER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
	ELIGIBILI ⁻	TY CONDITIONS AND REQUIREMENTS
Citation	С	ondition or Requirement
	C. <u>Fina</u>	ncial Eligibility (Continued)
1902(r)(2)	1.	Methods of Determining Income
of the Act	,	a. AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
		(1) In determining countable income for AFDC-related individuals, the following methods are used:
		(a) The methods under the State's approved AFDC plan only; or
		X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
		(2) In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3) Agency continues to treat women eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
T.N. #	05-012	Approval Date 12-22-05
Supersedes T.N.	# 92-002	Effective Date7-1-05

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A February 1992 Page 7a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT			
Star	te:	UTAH	
E	ELIGIBILIT	Y CONDITIONS AND REQUIREMENTS	
Citation	Со	ndition or Requirement	
	C. <u>Finan</u>	cial Eligibility (Continued)	
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4) and 1902(r)(2) of the Act	1. b	Aged individuals. In determining countable income for aged individuals, including aged individuals with incomes up to the Federal poverty level described in section 1902(m)(1) of the Act, the following methods are used:	
or the 7tot		The methods of the SSI program only.	
	_	X The methods of the SSI program and/or any more liberal methods described in Supplement 8a to	

T.N. #	05-012	Approval Date	12-22-05
Supersedes T.N. #	92-002	Effective Date	7-1-05

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Page 8

	State:	UTAH
	ELIGIBIL	ITY CONDITIONS AND REQUIREMENTS
Citation	Co	ondition or Requirement
	C	Financial Eligibility (Continued)
		For individuals other than optional State supplement recipients, more restrictive methods than SSI, applied under the provisions of section 1902(f) of the Act, as specified in Supplement 4 to ATTACHMENT 2.6-A ; and any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A .
		For institutional couples, the methods specified under section 1611(e)(5) of the Act.
		For optional State supplement recipients under §435.230, income methods more liberal than SSI, as specified in Supplement 4 to ATTACHMENT 2.6-A.
		For optional State supplement recipients in section 1902(f) States and SSI criteria States without section 1616 or 1634 agreements
		SSI methods only.
		SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
		Methods more restrictive and/or more liberal than SSI. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are described in Supplement 8a to ATTACHMENT 2.6-A.
		In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses.
T.N. #	91-021	Approval Date <u>12-16-91</u>
Supersedes T.N.	# 90-001	Effective Date 10-1-91

Revision: HCFA-PM-91-4

August 1991

(BPD)

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	State	:	UTAH				
	ELI	ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation		Conc	lition or Requirement				
	C.	Financia	l Eligibility (Continued)				
42 CFR 435.721 and 435.831 1902(m)(1)(B),		1. c.	Blind individuals. In determining countab for blind individuals, the following method	s are used:			
(m)(4), and 1902(r)(2) of the Act			The methods of the SSI program on X SSI methods and/or any more libera Supplement 8a to ATTACHMENT 2	ıl methods d	escribed in		
			For individuals other than optional S recipients, more restrictive methods the provisions of section 1902(f) of t Supplement 4 to ATTACHMENT 2.6 liberal methods described in Supple ATTACHMENT 2.6-A.	than SSI, ap the Act, as sp S-A, and any	plied under ecified in		
			For institutional couples, the method section 1611(e)(5) of the Act.	Is specified u	ınder		
			For optional State supplement reciping income methods more liberal than S Supplement 4 to ATTACHMENT 2.6	SSI, as specif			
			For optional State supplement recipi States and SSI criteria States withou agreements				
			SSI methods only. SSI methods and/or any more SSI described in Supplement 8 2.6-A. Methods more restrictive and/o More restrictive methods are described in Supplement 8 2.6-A.	a to ATTACH or more libera escribed in S more liberal	HMENT If than SSI. upplement methods		
T.N. #	05-012		Арр	roval Date	12-22-05		
Supersedes T.N. #		_		ective Date			

Revision: HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.6-A Page 10

	State:		UTAH				
	EL	ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation		Condi	ition or Requirement				
	C.	Financial	Eligibility (Continued)				
			In determining relative responsibility, the the income of spouses living in the same to spouses and the income of parents as living with parents until the children become	household a available to	is available		
42 CFR 435.721, and 435.831 1902(m)(1)(B), (m)(4), and		d	Disabled individuals. In determining coudisabled individuals, including individuals to the Federal poverty level described in of the Act the following methods are used	with income section 1902	s up		
1902(r)(2) of the Act			The methods of the SSI program.				
			X SSI methods and/or any more libera described in Supplement 8a to ATT		2.6-A.		
			For institutional couples: the methor section 1611(e)(5) of the Act.	ds specified	under		
			For optional State supplement reciping income methods more liberal than Supplement 4 to ATTACHMENT 2.0	SSI, as specif			
			For individuals other than optional S recipients (except aged and disable in section 1903(m)(1) of the Act): m than SSI, applied under the provision the Act, as specified in Supplement 2.6-A; and any more liberal method Supplement 8a to ATTACHMENT 2	ed individuals nore restrictivens of section 4 to ATTACI s described in	described re methods 1902(f) of HMENT		
T.N. #	05-012		Арр	oroval Date _	12-22-05		
Supersedes T.N. #	91-021	_	Effe	ective Date _	7-1-05		

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 11

	State:	UTAH		
	ELIGIBILITY CONDITIONS AND REQUIREMENTS			
Citation	Co	ondition or Requirement		
	C. <u>Finan</u>	For optional State supplement recipients in section 1902(f) States and SSI criteria States without section		
		SSI methods only. SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A. Methods more restrictive and/or more liberal than SSI, except for aged and disabled individuals described in section 1902(m)(1) of the Act. More restrictive methods are described in Supplement 4 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8a to		
		ATTACHMENT 2.6-A. In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.		
T.N. #	91-021	Approval Date <u>12-16-91</u>		
Supersedes T.N. #	88-029	Effective Date10-1-91		

Revision: HCFA-PM-92-1 February 1992 ATTACHMENT 2.6-A Page 11a (MB)

ST	ATE PLAN	I UN	DEF	R TITLE X	IX OF THE SOCIAL SECURITY ACT
	State:				UTAH
	ELIG	BIBIL	ITY	CONDITI	ONS AND REQUIREMENTS
Citation			Cond	dition or R	equirement
1902(1)(3)(E)	C.	<u>Fina</u>	ancia e.		y (Continued) level pregnant women, infants, and children. For
and 1902(r)(2) of the Act				pregnan the prov	t women and infants or children covered under isions of sections I902(a)(10)(A)(i)(IV), (VI), and d 1902(a)(10)(A)(ii)(IX) of the Act
				` '	following methods are used in determining ntable income:
					The methods of the State's approved AFDC plan.
					The methods of the approved title IV-E plan.
				X	The methods of the approved AFDC State plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.
					The methods of the approved title IV-E plan and/or any more liberal methods described in Supplement 8a to ATTACHMENT 2.6-A.

T.N. #	05-012	Approval Date _	12-22-05
Supersedes T.N. # _	92-002	Effective Date _	7-1-05

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STAT	ΓΕ PLAN UI	NDER TIT	LE XIX OF THE SOCIAL SECURITY ACT
	State:		UTAH
	ELIGIBI	LITY CON	IDITIONS AND REQUIREMENTS
Citation		Condition	or Requirement
	C. <u>Fir</u>	nancial Eli	gibility (Continued)
	1.	e. (2)	In determining relative financial responsibility, the agency considers only the income of spouses living in the same household as available to spouses and the income of parents as available to children living with parents until the children become 21.
1902(e)(6) of the Act		(3)	The agency continues to treat women eligible under eligible under the provisions of sections 1902(a)(10) of the Act as eligible, without regard to any changes in income of the family of which she is a member, for the 60-day period after her pregnancy ends and any remaining days in the month in which the 60th day falls.
1905(p)(1), 1902(m)(4), and 1902(r)(2) of the Act		CO	alified Medicare Beneficiaries. In determining untable income for qualified Medicare beneficiaries vered under section 1902(a)(10)(E)(i) of the Act, the owing methods are used:
			The methods of the SSI program only.
		X	SSI methods and/or any more liberal methods than SSI described in Supplement 8a to ATTACHMENT 2.6-A.
			For institutional couples, the methods specified under section 1611(e)(5) of the Act.
T.N. #	05-012	_	Approval Date 12-22-05
Supersedes T.N. #	92-002		Effective Date7-1-05

Revision: HCFA-PM-93-2 (BPD) ATTACHMENT 2.6-A March 1993 Page 12a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State: UTAH
	ELIGIBILITY CONDITIONS AND REQUIREMENTS
Citation	Condition or Requirement
	C. <u>Financial Eligibility</u> (Continued)
	If an individual receives a title II benefit, any amounts attributable to the most recent increase in the monthly insurance benefit as a result of a title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is

Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

received, and ending with the last day of the month following the month of publication of the revised annual

For individuals not receiving title II income, the revised poverty levels are effective no later than the date of publication.

1905(s) of the Act

g. (1) Qualified Disabled and Working Individuals

In determining countable income for qualified disabled and working individuals covered under 1902(a)(10)(E)(ii) of the Act, the methods of the SSI program are used.

1905(p) of the Act

(2) Specified Low-income Medicare Beneficiaries

In determining countable income for specified low-income Medicare beneficiaries covered under 1902(a)(10)(E)(iii) of the Act, the same method as in f. is used.

T.N. #	93-007	Approval Date _	4-12-93
	_		
Supersedes T.N. #	92-002	Effective Date	1-1-93

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 12b

OIA	IL I LAN ON		AIX OF THE GOOIAE GEOORITT AGT
	State:		UTAH
	ELIGIBIL	ITY CONDI	TIONS AND REQUIREMENTS
Citation	•	Condition o	r Requirement
	C. <u>Fin</u>	ancial Eligib	oility (Continued)
1902(u) of the Act	1.	h. COBF	RA Continuation Beneficiaries
			ermining countable income for COBRA continuation iciaries, the following disregards are applied:
		_ 1	he disregards of the SSI program;
		ir n	The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.
		NOTE	E: For COBRA continuation beneficiaries specified at 1902(u)(4), costs incurred from medical care or for any other type of remedial care shall not be taken into account in determining income, except as provided in section 1612(b)(4)(B)(ii).
1902(z) of the Act			ermining countable income for individuals infected uberculosis, the following disregards are applies:
		X_T	he disregards of the SSI program;
		ir n	The agency uses methodologies for treatment of income more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to ATTACHMENT 2.6-A.
T.N. #	94-003		Approval Date 11-22-94
Supersedes T.N. #			Effective Date 1-1-94

	State:	UTAH			
	ELIGIBILITY CONDITIONS AND REQUIREMENTS				
Citation	Со	ndition or Requirement			
	C. Financ	cial Eligibility (Continued)			
1902(a)(10)(A)(ii) (XIII) of the Act	1. j.	In determining countable income and resources for working disabled individuals who buy in to Medicaid the following methodologies are applied:			
		The methodologies of the SSI program;			
		The agency uses methodologies for treatment of income and resources more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.			
		X The agency uses more liberal income and/or resource methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to ATTACHMENT 2.6-A. More liberal resource methodologies are described in Supplement 8b to ATTACHMENT 2.6-A.			
		X The agency requires individuals to pay premiums or other cost-sharing charges. The premiums or other cost-sharing charges, and how they are applied, are described below:			
T.N. #	02-009	Approval Date <u>11-26-02</u>			
Supersedes T.N. #	01-021	Effective Date7-1-02			

S	State:			UTAH
	ELIG	IBILIT	Y CON	DITIONS AND REQUIREMENTS
Citation		Co	ondition	or Requirement
	C.	Finan	ıcial Eliç	gibility (Continued)
1902(a)(10)(A)(ii)(XII	1)	1. j	. (1)	When household income exceeds 100% but does not exceed 110% of the federal poverty guideline, the individual shall pay a premium equal to 5% of the individual's net countable income. When household income exceeds 110% but does not exceed 120% of the federal poverty guideline, the individual shall pay a premium equal to 10% of the individual's net countable income. When household income exceeds 120% of the federal poverty guideline, the individual shall pay a premium equal to 15% of the individual's net countable income. Net countable income is determined by allowing the SSI general income disregard and the earned income disregards, and health insurance premiums paid by the individual for the individual or the individual's family. When both the individual and the individual's spouse qualify under 1902(a)(10)(A)(ii)(XIII), their premium is calculated by combining their income, allowing the above deductions, and multiplying by the percentage applicable to the level of their income as described above.
T.N. #	06-0	002		Approval Date 8-24-06
Supersedes T.N. # _	03-0	17		Effective Date7-1-06

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A Page 13

	State	e:	UTAH					
ELIGIBILITY CONDITIONS AND REQUIREMENTS								
Citation			Condition or Requirement					
	C.	Fina	ancial Eligibility (Continued)					
1902(k) of the Act		2.	In the case of a Medicaid qualifying trust 1902(k)(2) of the Act, the amount from the available to the individual who established established the trust) is the maximum ampermitted under the trust to distribute to the deemed available to the individual, wheth actually made. This provision does not a decree established before April 7, 1986, mentally retarded individual who resides facility for the mentally retarded. The agency does not count the function above in any instance where the Stawork an undue hardship. Supplemental 2.6-A specifies what constitutes and	ne trust that is deen d the trust (or who nount that the trust the individual. This ner or not the district pply to any trust of solely for the benein an intermediate dis in a trust as destate determines that and the intermediate.	med se spouse tee(s) is s amount is bution is r initial trust fit of a care cribed t it would			
1917(d) of the Act			a. For treatment of trusts established of the State is in compliance with the property of the Social Security Act as established by Omnibus Reconciliation Act of 1993 described in 1917(d) of the Act, the funds in the trust in any instance whit would work an undue hardship. Society of the Act, the ATTACHMENT 2.6-A specifies what hardship.	provisions of 1917(by the provisions of B. In the case of a agency does not case the State dete supplement 10 of	(d) of the f the trust count the rmines that			
1902(a)(10) of the Act		3.	Medically needy income levels (MNILs) a size. Supplement 1 to ATTACHMENT 2.6-A s covered medically needy groups. If the a restrictive levels under section 1902(f) of indicates.	pecifies the MNILs	for all			
T.N. #	93-040	_		Approval Date _	2-22-94			
Supersedes T.N. #	91-021			Effective Date	10-1-93			

Revision: HCFA-PM-91-4 (BPD) August 1991

CTATE DI AN LINDED TITLE VIV OF THE COCIAL CECURITY ACT

ATTACHMENT 2.6-A

Page 14

S	IAIEPL	AN U	JNDE	R III	LE X	(IX OF THE SOCIAL SECURITY ACT
	Stat	e:				UTAH
	El	IGIE	BILITY	COI	NDITI	ONS AND REQUIREMENTS
Citation			Cond	ition (or Re	quirement
	C.	Fin	ancia	l Eligi	bility	(Continued)
42 CFR 435.732, 435.831		4.				xcess Income - Spend-down for the Medically tates and the Categorically Needy in 1902(f) States Only
			a.	Med	dically	y Needy
				(1)	pay age mor of e	ome in excess of the MNIL is considered as available for ment of medical care and services. The Medicaid ncy measures available income for periods of one nth(s) (not to exceed 6 months) to determine the amount xcess countable income applicable to the cost of dical care and services.
				(2)		ountable income exceeds the MNIL standard, the agency ucts the following incurred expenses in the following er:
					(a)	Health insurance premiums, deductibles and coinsurance charges.
					(b)	Expenses for necessary medical and remedial care not included in the plan.
					(c)	Expenses for necessary medical and remedial care included in the plan.
						Reasonable limits on amounts of expenses deducted from income under a.(2)(a) and (b) above are listed below.
1902(a)(17) of the Act				part pay	y are ment	expenses that are subject to payment by a third not deducted unless the expenses are subject to by a third party that is a publicly funded program (other dicaid) of a State or local government.
T.N. #	91-021	_				Approval Date 12-16-91
Supersedes T.N. # _	88-029	<u> </u>				Effective Date10-1-91_

Revision: HCFA-PM-91-8 (MB)

October 1991

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

51	IATE PLAN UNDER 1	TILE XIX OF THE SOCIAL SECURITY ACT					
	State:	UTAH					
ELIGIBILITY CONDITIONS AND REQUIREMENTS							
Citation	Condition or Requirement						
1903(f)(2) of	C. <u>Financial l</u>	Eligibility (Continued)					
the Act	X_ (If countable income exceeds the MNIL standard, the agency deducts spenddown payments made to the State by the individual. 					

T.N. # 91-025 Approval Date 7-10-92

Supersedes T.N. # 91-002 Effective Date 12-1-91

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 15

STAT	E PLAN	I UN	DER	TITI	LE XIX OF THE SOCIAL SECURITY ACT				
	State: _	:UTAH							
	ELIG	iBIL	ITY (CON	DITIONS AND REQUIREMENTS				
Citation		(Cond	ition	or Requirement				
	C.	Fina	ancia	ıl Eliç	gibility (Continued)				
42 CEP		4.	b.	<u>Cat</u>	egorically Needy - Section 1902 (f) States				
42 CFR 435.732		The agency applies the following policy under the provisions of section 1902(f) of the Act. The following amounts are deducted from income to determine individual's countable income:							
				(1)	Any SSI benefit received.				
				(2)	Any State supplement received that is within the scope of an agreement described in sections 1616 or 1634 of the Act, or a State supplement within the scope of section 1902(a)(10)(A)(ii)(XI) of the Act.				
				(3)	Increases in OASDI that are deducted under §§435.134 and 435.135 for individuals specified in that section, in the manner elected by the State under that section.				
				(4)	Other deductions from income described in this plan at Attachment 2.6-A, Supplement 4.				
				(5)	Incurred expenses for necessary medical and remedial services recognized under State law.				
1902(a)(17) of the Act, P.L. 100-203				par pay	urred expenses that are subject to payment by a third by are not deducted unless the expenses are subject to ment by a third party that is a publicly funded program per than Medicaid) of a State or local government.				
T.N. #	91-0)21			Approval Date 12-16-91				
Supersedes T.N. #	88-0	29			Effective Date10-1-91				

Revision: HCFA-PM-91-8 (MB) ATTACHMENT 2.6-A October 1991 Page 15a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement

C. Financial Eligibility (Continued)

1903(f)(2) of 4. b. (6) Spenddown payments made to the State by the Individual.

NOTE: FFP will be reduced to the extent a State is paid a spenddown payment by the individual.

T.N. # 91-025 Approval Date 7-10-92

Supersedes T.N. # New Effective Date 12-1-91

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 16

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\mathbf{c}	\neg	1 6	$\mathbf{u} \mathbf{v}$		////	OI III	OCUL	OLOUINII	ΔOI

Citation		Condition or Requirement				
	ELIGIBILITY CONDITIONS AND REQUIREMENTS					
	State:	UTAH				
	STATE PLAN (INDER TITLE XIX OF THE SOCIAL SECURITY	/ ACT			

- C. Financial Eligibility (Continued)
 - 5. Methods for Determining Resources
 - AFDC-related individuals (except for poverty level related pregnant women, infants, and children).
 - (1) In determining countable resources for AFDC-related individuals, the following methods are used:
 - (a) The methods under the State's approved AFDC plan; and
 - X (b) The methods under the State's approved AFDC plan and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.
 - (2) In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.

T.N. #	91-021	Approval Date _	12-16-91
Supersedes T.N. #	87-030	Effective Date	10-1-91

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 16a

STA	TE PLAI	N UN	NDER	TITLE XIX	OF TH	HE SOCIA	L SECUI	RITY A	CT	
	State:			l	JTAH					
	ELIC	SIBII	_ITY(ONDITION	IS ANI	O REQUIF	REMENT	S		
Citation			Conc	ion or Req	uireme	ent				
	C.	Fin	ancia	Eligibility (Contin	ued)				
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B) and (C), and		5.	b.	Aged indivi section 190 he followin)2(a)(1	(۱۵)(A)(ii)(ک	() of the	Act, the	agency	
1902(r) of the Act				The m	ethods	s of the S	SI progra	m.		
				X SSI me descril		s and/or a Suppleme	•			2.6-A.
				individ and/or Supple more r	uals do more ement restrict CHME	t are more escribed i liberal tha 5 to ATTA ive metho NT 2.6-A	n section an those ACHMEN ods and S	1902(r of the S T 2.6-A Supplem	n)(1) of t SI progradescribe describe	am. es the

T.N. #	05-012	Approval Date _	12-22-05
Supersedes T.N. #	91-021	Effective Date	7-1-05

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT						
:	State: _			UTAH		
	ELIG	BIBIL	_ITY	CONDITIONS AND REQUIREMENTS		
Citation			Cond	dition or Requirement		
	C.	Fin	ancia	al Eligibility (Continued)		
		5.	b.	In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses.		
1902(a)(10)(A), 1902(a)(10)(C), 1902(m)(1)(B), and			C.	Blind individuals. For blind individuals the agency uses the following methods for treatment of resources:		
1902(r) of the Act				The methods of the SSI program.		
				X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.		
				Methods that are more restrictive and/or more liberal than those of the SSI program. Supplement 5 to ATTACHMENT 2.6-A describe the more restrictive methods and Supplement 8b to ATTACHMENT 2.6-A specify the more liberal methods.		
				In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.		

T.N. #	<u>05-012</u>	Approval Date _	12-22-05
Supersedes T.N. #	91-021	Effective Date	7-1-05

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A Page 18

	State:	UTAH	
	ELIG	BILITY CONDITIONS AND REQUIREMENTS	
Citation		Condition or Requirement	
1902(a)(10)(A),	C. <u>F</u> 5	inancial Eligibility (Continued) . d. Disabled individuals, including individuals covered under	
1902(a)(10)(C), 1902(m)(1)(B) and (C), and 1902(r)(2) of the Act	<u>-</u>	Section 1902(a)(10)(A)(ii)(X) of the Act. The agency uses the following methods for the treatment of resources:	
		The methods of the SSI program.	
	_	X SSI methods and/or any more liberal methods described in Supplement 8b to ATTACHMENT 2.6-A.	
	_	Methods that are more restrictive (except for individuals described in section 1902(m)(1) of the Act) and/or more liberal than those under the SSI program. More restrictive methods are described in Supplement 5 to ATTACHMENT 2.6-A and more liberal methods are specified in Supplement 8b to ATTACHMENT 2.6-A.	
		In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.	
1902(2)(3) and I902(r)(2) of the Act	_	e. Poverty level pregnant women covered under sections 1902(a)(10)(A)(i)(IV) and 1902(a)(10)(A)(ii)(IX)(A) of the Act The agency uses the following methods in the treatment of resources.	
	<u>-</u>	The methods of the SSI program only. X The methods of the SSI program and/or any more liberal methods described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.	
T.N. #	05-012	Approval Date 12-22-05	
Supersedes T.N. # _	04-014	Effective Date	

Revision: HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.6-A Page 19

	State	e:	UTAH		
ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation		Соі	ndition or Requirement		
	C.	Financ	cial Eligibility (Continued)		
		5. e.	Methods that are more liberal than those of SSI. The more liberal methods are specified in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.		
		_	Not applicable. The agency does not consider resources in determining eligibility.		
			In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.		
1902(1)(3) and 1902(r)(2) of the Act		f.	Poverty level infants covered under section 1902(a)(10)(A)(i)(IV) of the Act.		
tile Act			The agency uses the following methods for the treatment of resources:		
			The methods of the State's approved AFDC plan.		
1902(1)(3)(C)			Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a to ATTACHMENT 2.6-A.		
of the Act			Methods more liberal than those in the State's		
1902(r)(2) of the Act		_	approved AFDC plan (but not more restrictive), as described in Supplement 5a or Supplement 8b to ATTACHMENT 2.6-A.		
			X Not applicable. The Agency does not consider resources in determining eligibility.		
T.N. #	04-014	-	Approval Date10-21-04		
Supersedes T.N. # _	91-021	_	Effective Date7-1-04		

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February 1992

J	TAILILAN	ONDL	1 111	LE XIX OF THE SOCIAL SECONITY ACT	
	State: _			UTAH	
ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation		Cond	ition (or Requirement	
	C. <u>Fir</u>	ancial	Eligi	bility (Continued)	
1902(1)(3) and 1902(r)(2) of the Act	5.	g.	(1)	Poverty level children covered under section 1902(a)(10)(A)(i)(VI) of the Act.	
ine Act				The agency uses the following methods for the treatment of resources:	
				The methods of the State's approved AFDC plan.	
1902(1)(3)(C) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), in accordance with section 1902(1)(3)(C) of the Act, as specified in Supplement 5a of ATTACHMENT 2.6-A.	
1902(r)(2) of the Act				Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.	
				X Not applicable. The agency does not consider resources in determining eligibility.	
				In determining relative financial responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.	
T.N. #	92-002			Approval Date <u>5-20-92</u>	
Supersedes T.N. #	91-021			Effective Date1-1-92	

Revision: HCFA-PM-92-1 (MB)

February 1992

ATTACHMENT 2.6-A Page 19b

	State:	UTAH
	ELIGIBILIT	Y CONDITIONS AND REQUIREMENTS
Citation	Со	ndition or Requirement
	C. <u>Finan</u>	cial Eligibility (Continued)
1902(1)(3) and 1902(r)(2) of the Act	5. g	. (2) Poverty level children under section 1902(a)(10)(A)(i)(VII)
ine Act		The agency uses the following methods for the treatment of resources:
		The methods of the State's approved AFDC plan.
1902(1)(3)(C) the Act		Methods more liberal than those in the State's approved AFDC plan (but not more restrictive) as specified in Supplement 5a of ATTACHMENT 2.6-A.
1902(r)(2) of the Act		X Methods more liberal than those in the State's approved AFDC plan (but not more restrictive), as described in Supplement 8b to ATTACHMENT 2.6-A.
		Not applicable. The agency does not consider resources in determining eligibility.
		In determining relative responsibility, the agency considers only the resources of spouses living in the same household as available to spouses and the resources of parents as available to children living with parents until the children become 21.
T.N. #	05-012	Approval Date <u>12-22-05</u>
Supersedes T.N. #	92-002	Effective Date7-1-05

Revision: HCFA-PM-91-8 (MB)

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	State:	UTAH	
	ELIGIBIL	ITY CONDITIONS AND REQUIREMENTS	
Citation	•	Condition or Requirement	
	C. Fina	ancial Eligibility (Continued)	
1905(p)(1) (C) and (D) and 1902(r)(2) of the Act	5.	h. For Qualified Medicare beneficiaries covered section 1902(a)(10)(E)(i) of the Act the agen following methods for treatment of resources	cy uses the
		The methods of the SSI program only.	
		X The methods of the SSI program and/or methods as described in Supplement 8t ATTACHMENT 2.6-A.	
1905(s) of the Act		i. For qualified disabled and working individual under section 1902(a)(10)(E)(ii) of the Act, the uses SSI program methods for the treatments.	ne agency
1902(u) of the Act		j. For COBRA continuation beneficiaries, the a the following methods for treatment of resou	•
		The methods of the SSI program only.	
		More restrictive methods applied under 1902(f) of the Act as described in Suppl Attachment 2.6-A.	
T.N. #	05-012	Approval Date	12-22-05
Supersedes T.N. #	91-025	Effective Date	7-1-05

Revision: HCFA-PM-93-5

May 1993

(MB)

ATTACHMENT 2.6-A Page 20a

	State:	UTAH					
	ELIGIE	LIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation	ion Condition or Requirement						
	C. <u>Fin</u>	ancial Eligibility (Continued)					
1902(a)(10)(E)(iii) of the Act	5.	k. Specified low-income Medicare beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act					
		The agency uses the same method as in 5.h. of Attachment 2.6-A.					
1902(z) of the Act		(1) For individuals infected with tuberculosis, the agency uses the following methods for treatment of resources:					
		 X The methods of the SSI program only. More restrictive methods applied under section 1902(f) of the Act as described in Supplement 5 to ATTACHMENT 2.6-A. 					
	6.	Resource Standard - Categorically Needy					
		 a. 1902(f) States (except as specified under items 6.c. and d. below) for aged, blind and disabled individuals: 					
		Same as SSI resource standards.More restrictive.					
		The resource standards for other individuals are the same as those in the related cash assistance program.					
		 Non-1902(f) States (except as specified under items 6.c. and d. below) 					
		The resource standards are the same as those in the related cash assistance program.					
		Supplement 8 to ATTACHMENT 2.6-A specifies for 1902(f) States the categorically needy resource levels for all covered categorically needy groups.					
T.N. #	94-003	Approval Date <u>11-22-94</u>					
Supersedes T.N. # _	93-022	Effective Date1-1-94_					

Revision: HCFA-PM-92-1 February 1992

(MB)

ATTACHMENT 2.6-A Page 21

	State:		UTAH		
ELIGIBILITY CONDITIONS AND REQUIREMENTS					
Citation		Condi	tion or Requirement		
	C. <u>F</u>	inancial	Eligibility (Continued)		
1902(1)(3)(A), (B) and (C) of the Act	6	. с.	For pregnant women and infants covered under the provisions of section $1902(a)(10)(A)(i)(IV)$ and $1902(a)(10)(A)(ii)(IX)$ of the Act, the agency applies a resource standard.		
			Yes. <u>Supplement 2 to ATTACHMENT 2.6-A</u> specifies the standard which, for pregnant women, is no more restrictive than the standard under the SSI program; and for infants is no more restrictive than the standard applied in the State's approved AFDC plan.		
	_		X No. The agency does not apply a resource standard to these individuals.		
1902(1)(3)(A) and (C) of the Act		d. 	For children covered under the provisions of section 1902(a)(10)(A)(i)(VI) of the Act, the agency applies a resource standard. Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan. X No. The agency does not apply a resource standard to these individuals.		
1902(1)(3)(D) of the Act		e.	For children covered under the provisions of section 1902(a)(10)(A)(i)(VII) of the Act, the agency applies a resource standard.		
			X Yes. Supplement 2 to ATTACHMENT 2.6-A specifies the standard which is no more restrictive than the standard applied in the State's approved AFDC plan.		
			No. The agency does not apply a resource standard to these individuals.		
T.N. #	92-002		Approval Date <u>5-20-92</u>		
Supersedes T.N. #	91-021		Effective Date 1-1-92		

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 21a

ST	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT			
	State:			UTAH
	ELIC	SIBIL	.ITY	CONDITIONS AND REQUIREMENTS
Citation Condition or Requirement		dition or Requirement		
	C.	Fin	anci	al Eligibility (Continued)
1902(m)(1)(C) and (m)(2)(B) of the Act		6.	f.	For aged and disabled individuals described in section 1902(m)(1) of the Act who are covered under section 1902(a)(10)(A)(ii)(X) of the Act, the resource standard is:
				X Same as SSI resource standards.
				Same as the medically needy resource standards, which are higher than the SSI resource standards (if the State covers the medically needy).
				Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for these individuals.

ATTACHMENT 2.6-A Revision:

Page 22 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: UTAH **ELIGIBILITY CONDITIONS AND REQUIREMENTS** Citation Condition or Requirement 7. Resource Standard - Medically Needy Resource standards are based on family size. a. 1902(a)(10)(C)(i) b. A single standard is employed in determining resource of the Act eligibility for all groups. In 1902(f) States, the resource standards are more restrictive than in 7.b. above for--Aged Blind Disabled Supplement 2 to ATTACHMENT 2.6-A specifies the resource standards for all covered medically needy groups. If the agency chooses more restrictive levels under 7.c., Supplement 2 to ATTACHMENT 2.6-A so indicates. 1902(a)(10)(E), Resource Standard - Qualified Medicare Beneficiaries, Specified Low-Income Medicare Beneficiaries and Qualifying Individuals. 1905(p)(1)(C) and 1860D-14(a)(3)(D) of the Act For Qualified Medicare Beneficiaries covered under section 1902(a)(10)(E)(i) of the Act, Specified Low-Income Medicare Beneficiaries covered under section 1902(a)(10)(E)(iii) of the Act, and Qualifying Individuals covered under Section 1902(a)(10)(E)(iv) of the Act, the resource standard is three times the SSI resource limit, adjusted annually since 2006 by the increase in the consumer price index.

T.N. #	10-001	Approval Date _	3-26-10
Supersedes T.N. #	93-022	Effective Date	1-1-10

T.N. # ______10-001

Supersedes T.N. # 91-025

Approval Date _____3-26-10

Effective Date _____1-1-10

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

	ELIGIBIL	ITY CONDITIONS AND REQUIREMENTS
Citation	(Condition or Requirement
1902(a)(10)(E)(ii) and 1905(s) of the Act	9.	Resource Standard - Qualified Disabled and Working Individuals. For qualified disabled and working individuals covered under section 1902(a)(10)(E)(ii) of the Act, the resource standard for an individual or a couple (in the case of an individual with a spouse) is two times the SSI resource limit.
1902(u) of the Act	10.	For COBRA continuation beneficiaries, the resource standard is: Twice the SSI resource standard for an individual. More restrictive standard as applied under section 1902(f) of the Act as described in Supplement 8 to Attachment 2.6-A.

Revision: HCFA-PM-93-5 (MB) ATTACHMENT 2.6-A Page 23

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
-	

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Citation Condition or Requirement

C. <u>Financial Eligibility</u> (Continued)

1902(u) of the Act

- 10. Excess Resources
 - a. Categorically Needy, Qualified Medicare Beneficiaries,
 Qualified Disabled and Working Individuals, and Specified
 Low-Income Medicare Beneficiaries

Any excess resources make the individual ineligible.

- b. Categorically Needy Only
 - This State has a section 1634 agreement with SSI. Receipt of SSI is provided for individuals while disposing of excess resources.
- c. Medically Needy

Any excess resources make the individual ineligible.

T.N. # 93-022 Approval Date 7-19-93

Supersedes T.N. # 91-021 Effective Date 4-1-93

Revision: HCFA-PM-91-4 (BPD) ATTACHMENT 2.6-A August 1991 Page 24

	State:		UTAH
	ELIGIBILIT	Y CON	NDITIONS AND REQUIREMENTS
Citation	Cor	ndition	or Requirement
	C. Financ	ial Eliç	gibility (Continued)
42 CFR	11. <u>E</u> :	ffective	e Date of Eligibility
435.914	a.	Gro	oups Other Than Qualified Medicare Beneficiaries
		(1)	For the prospective period.
			Coverage is available for the full month if the following individuals are eligible at any time during the month. X Aged, blind, disabled. X AFDC-related.
			Coverage is available only for the period during the month for which the following individuals meet the eligibility requirements. Aged, blind, disabledAFDC-related.
		(2)	For the retroactive period.
			Coverage is available for three months before the date of application if the following individuals would have been eligible had they applied: Aged, blind, disabledAFDC-related.
			Coverage is available beginning the first day of the third month before the date of application if the following individuals would have been eligible at any time during that month, had they applied. X Aged, blind, disabled. X AFDC-related.
T.N. #	09-007		Approval Date 1-20-10
Supersedes T.N. # _	01-020		Effective Date10-1-09

Revision: HCFA-PM-92-1 (MB) ATTACHMENT 2.6-A February 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Page 25

	Stata			LITALI
	State: _ ELIG	IBILITY	CON	UTAH IDITIONS AND REQUIREMENTS
Citation		Con	dition	or Requirement
	C.	Financi	al Eliç	gibility (Continued)
1920(b)(1) of the Act		11. <u>X</u>	(3)	For a presumptive eligibility for pregnant women only.
				Coverage is available for ambulatory prenatal care for the period that begins on the day a qualified provider determines that a woman meets any of the income eligibility levels specified in ATTACHMENT 2.6-A of this approved plan. If the woman files an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination of presumptive eligibility, the period ends on the day that the State agency makes the determination of eligibility based on that application. It the woman does not file an application for Medicaid by the last day of the month following the month in which the qualified provider made the determination, the period ends on that last day.
1902(e)(8) and 1905(a) of the Act		<u>X</u> b.	190 the indi ben	qualified Medicare beneficiaries defined in section 05(p)(1) of the Act coverage is available beginning with first day of the month after the month in which the ividual is first determined to be a qualified Medicare neficiary under section 1905(p)(1). The eligibility ermination is valid for
			<u>X</u>	12 months
				6 months
			_	_ months (no less than 6 months and no more than 12 months)
T.N. #	92-0	02_		Approval Date <u>5-20-92</u>
Supersedes T.N. #	<u> 91-0</u>	21_		Effective Date1-1-92

Revision: HCFA-PM-95-1 (MB) ATTACHMENT 2.6-A Page 26

	State:		UTAH		
	ELIC	ЭIВ	ILITY CONDITIONS AND REQUIREMEN	ITS	
Citation		(Condition or Requirement		
	C. <u>F</u>	ina	ncial Eligibility (Continued)		
1902(a)(18) and 1902(f) of the Act	1	2.	Pre-OBRA 93 Transfer of Resources - Cand Medically Needy, Qualified Medicare and Qualified Disabled and Working Ind	e Beneficiaries,	
			The agency complies with the provisions with respect to the transfer of resources		f the Act
			Disposal of resources at less than fair m for certain services as detailed in Supple ATTACHMENT 2.6-A.		s eligibility
1917(c)	1	3.	Transfer of Assets - All Eligibility Groups	<u>i</u>	
			The agency complies with the provisions as enacted by OBRA 93, with regard to		
			Disposal of assets at less than fair mark certain services as detailed in Suppleme ATTACHMENT 2.6-A, except in instance determines that the transfer rules would	ents 9(a) and (b) to es where the agen	су
1917(d)	1	4.	Treatment of Trusts - All Eligibility Group	<u>os</u>	
			The agency complies with the provisions as amended by OBRA 93, with regard to The agency uses more restrictive in 1902(f) of the Act, and applies thos with trusts; The agency meets the requirement the Act for use of Miller trusts.	o trusts. nethodologies und e methodologies i	er section n dealing
			The agency does not count the funds in the agency determines that the transfer hardship, as described in Supplement 10	would work an und	lue
T.N. #	06-012			Approval Date	12-26-06
Sunersedes T N #	95-09			Effective Date	7-1-06

Revision: HCFA-PM-99-1 (MB) ATTACHMENT 2.6-A Page 26a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT				
	State: UTAH			
	ELIG	IBILITY CONDITIONS AND REQUIREMENTS		
Citation		Condition or Requirement		
	C.	Financial Eligibility (Continued)		
1924 of the Act		15. The agency complies with the provisions of §1924 with respect to income and resource eligibility and post eligibility determinations for individuals who are expected to be institutionalized for at least 30 consecutive days and who have a spouse living in the community.		
		When applying the formula used to determine the amount of resources in initial eligibility determinations, the State standard for community spouses is:		
		the maximum standard permitted by law;		
		X the minimum standard permitted by law; or		
		\$ a standard that is an amount between the minimum and the maximum.		
		16. Individuals with Substantial Home Equity.		
		See Supplement 17 to ATTACHMENT 2.6-A, Page 1.		

T.N. #	06-012	Approval Date _	12-26-06
Supersedes T.N. # _	99-001	Effective Date _	7-1-06

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A
August 1991 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
	INCOME ELIGIBILITY LEVELS

A. MANDATORY CATEGORICALLY NEEDY

1. AFDC-Related Groups Other Than Poverty Level Pregnant Women and Infants:

Family Size	Need Standard	Payment Standard	Maximum Payment Amounts	Penalty Grant Levels, May 1, 1988 1902(c)(1)
1	337	253	253	217
2	468	351	351	301
3	583	438	438	376
4	682	511	511	439
5	777	582	582	500
6	856	642	642	550
7	896	672	672	577
8	938	703	703	604
9	982	736	736	632
10	1,023	767	767	659
11	1,066	799	799	685
12	1,108	831	831	713
13	1,150	863	863	740
14	1,192	893	893	767
15	1,235	926	926	795
16	1,277	958	958	822

2. Pregnant Women and Infants under Section 1902(a)(10)(i)(IV) of the Act:

Effective April 1, 1990, based on the following percent of the official Federal income poverty level -

X	133 percent		_percent (no more than 185	5 percent)
		(Specify)		
	Family Size		Income Level	
	1		\$	
	2		\$	
	3		\$	
	4		\$	

T.N. #	98-008	Approval Date	1-10-00
Supersedes T.N. #	94-026	Effective Date	7-1-98

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A February 1992 Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	_
	INCOME ELIGIBILITY LEVELS	

A. MANDATORY CATEGORICALLY NEEDY (Continued)

- 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
- 4. For children under Section 1902 (a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

T.N. #	92-002	Approval Date	5-20-92
Supersedes T.N. #_	91-021	Effective Date _	1-1-92

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 3
	STATE PLAN	UNDER TITL	E XIX OF THE SOCIAL SECURITY ACT
	State: _		UTAH
		INCOME	ELIGIBILITY LEVELS
	DNAL CATEGORI RAL POVERTY L		OY GROUPS WITH INCOMES RELATED TO
1. <u>Pr</u>	egnant Women ar	nd Infants	
inf			e eligibility for optional groups of pregnant women and ctions 1902(a)(1)(A)(ii)(IX) and 1902(1)(2) of the Act
	sed on per rcent and no more		ficial Federal income poverty level (no less than 133 rcent).
	Famil	y Size	Income Level
		<u> </u>	\$
			\$ \$
			\$
		5	\$

N/A

T.N. #	92-006	Approval Date _	4-17-92
Supersedes T.N. #	91-021	Effective Date	1-1-92

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 1 TO ATTACHMENT 2.6-A August 1991 Page 4

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
	INCOME ELIGIBILITY LEVELS	

B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

2. Children Between Ages 6 and 8

The levels for determining income eligibility for groups of children who are born after September 30, 1983 and who have attained 6 years of age but are under 8 years of age under the provisions of Section 1902(1)(2) of the Act are as follows:

Based on <u>100</u> percent (no more than 100 percent) of the official Federal income poverty line.

Family Size	Income Level	
1	\$	
2	\$	
3	\$	
4	\$	
5	\$	
6	\$	
7	\$	
8	\$	
9	\$	
10	\$	
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	

N/A

T.N. #	92-006	Approval Date	4-17-92
Supersedes T.N. #	91-021	Effective Date	1-1-92

Revision: HCFA-PM-92-1 (MB) SUPPLEMENT 1 TO ATTACHMENT 2.6-A February 1992 Page 5 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ____ UTAH INCOME ELIGIBILITY LEVELS B. OPTIONAL CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued) 3. Aged and Disabled Individuals The levels for determining income eligibility for groups of aged and disabled individuals under the provisions of Section 1902(m)(1) of the Act are as follows: Based on 100 percent of the official Federal income poverty line. Family Size Income Level 4 \$ If an individual receives a Title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a result of a Title II COLA is not counted as income during a "transition period" beginning with January, when the Title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level. For individuals with Title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period. For individuals not receiving Title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

T.N. #	95-008	Approval Date _	9-14-95
Supersedes T.N. #	93-022	Effective Date	7-1-95

Revision: HCFA-AT-85-3 (BERC) SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
	INCOME ELIGIBILITY LEVELS (Continued)	

SPECIAL INCOME LEVEL INCOME STANDARDS 435.231

Income must not exceed 300% of the SSI benefit amount under Section 1611(b)(1) of the Social Security Act, to an individual in his own home who has no income or resources.

T.N. # 88-029 Approval Date 2-15-89

Supersedes T.N. # 85-012 Effective Date 10-1-88

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 8

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		State:	UTAH		_
			INCOME LEVELS (Co	ontinued)	
D. <u> </u>	MEDICAL	LY NEEDY			
-	<u>X</u> Ap	plicable to all group	below		ccept those specified come levels are also a 3.
	(1)	(2)	(3)	(4)	(5)
	Family Size	Net income level protected for maintenance for month	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007* X urban and rural	New income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
	1 2 3 4 For each	\$ 382 \$ 468 \$ 583 \$ 682	\$ \$ \$ \$ \$	\$ \$ \$ \$	\$ \$ \$ \$
;	additional person, add:	\$	\$	\$	\$

T.N. #	98-008	Approval Date _	1-10-00
Supersedes T.N. #	94-026	Effective Date	7-1-98

^{*} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
	INCOME LEVELS (Continued)

D. MEDICALLY NEEDY (continued)

(4)	(0)	(2)	(4)	/ C \
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for 1 month	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*	New income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*
	urban only _	X urban and rural		
5	\$ 777	\$	\$	\$
6	\$ 857	\$	\$ \$ \$ \$	\$
7	\$ 897	\$	\$	\$
8	\$ 938	\$	\$	\$
9	\$ 982	\$ \$ \$ \$	\$	\$ \$ \$ \$
10	\$ 1023	\$	\$	\$
For each additiona person,	ıl			
add:	\$	\$	\$	\$

^{*} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

T.N. #	98-008	Approval Date _	1-10-00
Supersedes T.N. #	94-026	Effective Date	7-1-98

(BPD)

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:	UTAH		_
		INCOME LEVELS (Co	ntinued)	
D. <u>MEDIC</u>	ALLY NEEDY (continu	ued)		
(1)	(2)	(3)	(4)	(5)
Family Size	Net income level protected for maintenance for _1_ month	Amount by which Column (2) exceeds limits specified in 42 CFR 435.1007*	New income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.1007*

11	\$ 1066	\$ \$	\$
12	\$ 1108	\$ \$	\$
13	\$ 1150	\$ \$	\$
14	\$ 1192	\$ \$	\$
15	\$ 1236	\$ \$	\$
16	\$ 1277	\$ \$	\$

X urban and rural

For each additional

____ urban only

person, add: about \$42, based upon a multiplier that is uniformly applied to each household size.
\$ \$ \$

T.N. #	98-008	Approval Date _	1-10-00
Supersedes T.N. #	New	Effective Date	7-1-98

^{*} The agency has methods for excluding from its claim for FFP payments made on behalf of individuals whose income exceeds these limits.

Revision:	H	CFA-PM-91-4	(BPD)	SUPPLEMENT 2 TO ATTACHMENT 2.6-A Page 1	
	Sī	ΓATE PLAN UN	DER TITLE X	IX OF THE SOCIAL SECURITY ACT	
		State:		UTAH	
RESOURCE LEVELS					
A. CATEO			GROUPS WI	TH INCOMES RELATED TO FEDERAL	
1. Pre	egnan	t Women			
a.	Man	datory Groups			
		Same as SSI re	sources level	S.	
	<u>X</u>	Less restrictive	than SSI sour	ce levels and is as follows:	
	-	Family Size	Res	ource Level	
	-	1		\$5,000	
	-	2		\$5,000	
b.	Optio	onal Groups			
	Same as SSI resources levels.				
Less restrictive than SSI resource levels and is as follows:			urce levels and is as follows:		
Family Size Resource Level			ource Level		
1					
			N/A		
			N/A		
T.N. #		93-033		Approval Date 12-16-94	
Supersedes T.N. # 91-021				Effective Date1-1-94	

T.N. #	91-021	Approval Date _	12-16-91
Supersedes T.N. #	89-005	Effective Date	10-1-91

T.N. #	91-021	Approval Date	12-16-91
Supersedes T.N. #	New	Effective Date	10-1-91

Supersedes T.N. # 91-021

Effective Date 1-1-92

SUPPLEMENT 2 TO ATTACHMENT 2.6-A Revision: HCFA-PM-92-2 (MB) March 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Page 5

State: _	UTAH	_
	RESOURCE LEVELS	

A. CATEGORICALLY NEEDY GROUPS WITH INCOMES RELATED TO FEDERAL POVERTY LEVEL (continued)

- b. Mandatory Group of Children under Section 1902(a)(10)(i)(VII) of the Act. (Children born after September 30, 1983 who have attained age 6 but have not attained age 19.)
 - Same as resource levels in the State's approved AFDC plan.
 - X Less restrictive than the AFDC levels and are as follows:

Family Size	Resource Level
1	\$2,000
2	3,000
3	3,025
4	3,050
5	3,075
6	3,100
7	3,125
8	3,150
9	3,175
10	3,200

T.N. #	92-002	Approval Date	5-20-92
	_	· ·	_
Supersedes T N #	91-021	Effective Date	1-1-92

Approval Date 10-9-03

Effective Date 7-1-03

T.N. # 03-017

Supersedes T.N. # 91-021

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 2 TO ATTACHMENT 2.6-A August 1991 Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
_		
	RESOURCE LEVELS	

B. MEDICALLY NEEDY

Applicable to all groups --

__ Except those specified below under the provisions of Section 1902(f) of the Act.

Family Size	Resource Level
1	\$2,000
<u>2</u> 3	3,000 3,025
4	3,050
5	3,075
6	3,100
7	3,125
8	3,150
9	3,175
10	3,200
For each additional person	25

T.N. #	91-021	Approval Date _	12-16-91
Supersedes T.N. #	89-010	Effective Date	10-1-91

Revision: HCFA-AT-85-3 SUPPLEMENT 3 TO ATTACHMENT 2.6-A February 1985 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

- 1. Limit on Post-eligibility Income Deductions under 42 CFR 435.725, 435.726, 435.832 and Section 1924 of the Social Security Act.
 - A. The income deduction for paid or unpaid medical and remedial care expenses incurred through imposition of a transfer of assets penalty period is limited to zero.
 - B. Because the equity in an individual's home exceeds the amount established under Section 6014 of Pub. L. 109-171, the income deduction for paid or unpaid medical and remedial care expenses incurred by restriction of Medicaid-covered services is limited to zero.

26-06
7-1-06

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 4 TO ATTACHMENT 2.6-A August 1991 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
State.	UIAN

METHODS FOR TREATMENT OF INCOME THAT DIFFER FROM THOSE OF THE SSI PROGRAM

(Section 1902(f) more restrictive methods and criteria and State supplement criteria in SSI criteria States without section 1634 agreements and in section 1902(f) States. Use to reflect more liberal methods only if you limit to State supplement recipients. DO NOT USE this supplement to reflect more liberal policies that you elect under the authority of section 1902(r)(2) of the Act. Use Supplement 8a for section 1902(r)(2) methods.)

N/A

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-005 Effective Date 10-1-91

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 5 TO ATTACHMENT 2.6-A Page 1		
	STATE PLAN U	NDER TITLE XIX	OF THE SOCIAL SECURITY ACT		
	State:	l	JTAH		
	MORE RESTRICTIVE METHODS OF TREATING RESOURCES THAN THOSE OF THE SSI PROGRAM - Section 1902(f) States only				
		N	A		

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-005 Effective Date 10-1-91

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 5a TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY AC
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State: UTAH

METHODS FOR TREATMENT OF RESOURCES FOR INDIVIDUALS WITH INCOMES RELATED TO FEDERAL POVERTY LEVELS

T.N. # 04-014 Approval Date 10-21-04

Supersedes T.N. # 93-033 Effective Date 7-1-04

State:	UTAH	
STANDARDS FOR OPT	TIONAL STATE SUPPLEMENTARY PAYMENTS	

Payment Category (Reasonable Classification)	Administered by Federal State	Income Level Gross Net 1 person Couple 1 person Couple	Income Disregards Employed
	N/A		

T.N. #	89-005	Approval Date	3-9-89
	_	-	
Supersedes T.N. # _	85-012	Effective Date	1-1-89

Revision:	HCFA-PM-91-4 August 1991	(BPD)	SUPPLEMENT 7 TO ATTACHMENT 2.6-A Page 1
	STATE PLAN	JNDER TITLE	XIX OF THE SOCIAL SECURITY ACT
	State:		UTAH
WH			(f) STATES - CATEGORICALLY NEEDY UIREMENTS MORE RESTRICTIVE THAN SSI
			N/A

T.N. #	91-021	Approval Date _	12-16-91
Supersedes T.N. #	89-005	Effective Date _	10-1-91

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 8 TO ATTACHMENT 2.6-A August 1991 Page 1

STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL	SECURITY ACT

State: UTAH

RESOURCE STANDARDS FOR 1902(f) STATES - CATEGORICALLY NEEDY

N/A

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-005 Effective Date 10-1-91

State:	UTAH
• = =	IBERAL METHODS OF TREATING INCOME DER SECTION 1902(r)(2) OF THE ACT

- 1. Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.
- 2. To determine eligibility for individuals under 1902(a)(10)(A)(ii)(XIII), when the net countable income of the household does not exceed 250% of the federal poverty guideline for a household of the applicable size, the state will disregard earned and unearned income of the individual and spouse, or the minor individual and the minor individual's parents that is equal to the difference between the total countable income and the SSI federal benefit rate plus one dollar.
- 3. For individuals defined in 42 CFR 435.301(b)(2)(iii), (iv) or (v), more fully defined in 42 CFR 435.320, 435.322 and 435.324, who qualify for Medicaid as medically needy individuals, the state shall deduct from income an amount equal to the difference between the federal poverty guideline defined by Health and Human Services, as updated annually, and the state's Medically Needy Income Limit for the applicable household size.
- 4. For the groups at 1902(a)(10)(A)(i) (III), (IV), (VI), (VII); and 1902(a)(10)(A)(ii)(VIII), (IX); of the Social Security Act, The state will deduct from the family's combined earned and unearned income an amount equal to the amount by which the family's income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included. For the medically needy group defined at 1902(a)(10)(C)(ii) of the Social Security Act, the state will deduct from the family's combined earned and unearned income an amount equal to the amount by which the family's medically needy income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included.
- 5. For the groups at 1902(a)(10)(A)(i) (III), (IV), (VI), (VII); and 1902(a)(10)(A)((ii)(VIII), (IX) and for the medically needy group defined at 1902(a)(10)(C)(ii) of the Social Security Act, the state will exclude the following income:
 - (a) income excluded by 1612b(20) of the Social Security Act, which refers to Hostile Fire Pay or Imminent Danger Pay received by a household member who is on active duty in the armed forces serving in a combat zone.
 - (b) income excluded by 1612b(23) of the Social Security Act, which refers to interest and dividends received on certain resources.

T.N. #	05-016	Approval Date	12-29-05
Supersedes T.N. #	04-019	Effective Date	7-1-05

SUPPLEMENT 8a TO ATTACHMENT 2.6-A ADDENDUM

Effective Date _____10-1-01

STATE PLAN	UNDER TITLE XIX	K OF THE SOCIAL S	SECURITY ACT
State: _		UTAH	
		DS OF TREATING 902(r)(2) OF THE A	
For all eligibility groups not s the Act: all wages paid by th 2000 activities are excluded	e Census Bureau		xplained in Section 1903(f) of byment related to Census
Tre	atment of Earning	s from Self-Employ	ment
	sistance unit's gros		ofit, the State will allow a 40% income. This exclusion is for
When the self-employed ind chooses to provide verificati the same expenses as those	on of them, the sel	lf-employment net p	rofit will be calculated using
T.N. # 01-021		Approval I	Date <u>2-5-02</u>

Supersedes T.N. # 00-008

State: UTAH

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT
To determine eligibility for the following eligibility groups, all wages paid by the Census Bureau for temporary employment related to census taking activities, including any preliminary activities carried out by temporary census takers in preparation of the census, are excluded. X
 X Poverty level children aged 6 up to age 19 (100% FPL) under 1902(a)(10)(A)(i)(VII) X Optional categorically needy groups under 1902(a)(10)(A)(ii) as listed below:
To determine eligibility of children under 1902(a)(10)(A)(ii)(VIII) of the Act, the State disregards all income and resources of a child for whom there is a State adoption assistance agreement in effect (other than under Title IV-E of the Act).

SUPPLEMENT 8a TO ATTACHMENT 2.6-A Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	

MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902(r)(2) OF THE ACT

For the following eligibility groups, the State disregards as income, any interest earned on funds held in an excluded Utah Educational Savings Plan (529 account).

- X Medically Needy Children under 1902(a)(10)(C)(ii)(I);
 X Medically Needy Children under 1905(a)(i), who are 1
- <u>X</u> Medically Needy Children under 1905(a)(i), who are 18 years old, in school, and expected to graduate before turning 19 years of age;
- X Medically Needy Pregnant Women under 1902(1)(10)(c)(ii)(l);
- X Medically Needy Parents and Caretaker Relatives under 1905(a)(ii).

T.N. # _____ 17-0017 Approval Date __7-8-17

Supersedes T.N. # New

Effective Date 7-1-17

	Chate. LITALI
	State: UTAH
	MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT
	Section 1902(f) State X Non-Section 1902(f) State
1.	For AFDC-related cases, Utah applies SSI methodologies for exempting income-producing property.
2.	For AFDC-related Medicaid cases, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the AFDC-related Medicaid coverage.
3.	Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.
4.	For individuals who are eligible under 1902(a)(10)(A)(ii)(XIII), the following resource provisions apply:
	 Retirement accounts the individual owns will not be counted as an available resource. A second vehicle that is needed by a spouse or child to get to work will be excluded from countable resources.
	 The individual may have up to \$15,000 in countable resources. This limit includes resources deemed from a spouse or from a minor individual's parents.
5.	To determine eligibility under Aged, Blind or Disabled Medicaid programs other than Sec. 1902(a)(10)(A)(ii)(XIII), retirement accounts and the second vehicle needed for a working spouse or child that were excluded while the individual was eligible under 1902(a)(10)(A)(ii)(XIII) will continue to be excluded for the lifetime of the individual.
6.	For AFDC-related cases, the state excludes from resources for nine months, lump sum payments of retroactive benefits from Social Security Administration and from Railroad Retirement Board.
7.	For AFDC-related cases, the state excludes from resources for nine months, payments received consisting of Earned Income Tax credits and Child Tax credits.
8.	For the eligibility groups listed below, the state will disregard funds set aside and specifically designated for the individual's burial to the extent that such funds, when combined with the value of other resources designated for the individual's burial do not exceed \$1,500. Interest earned and left to accumulate on excluded burial assets is not counted as income or as an available resource. If excluded burial funds are used for some other purpose, the amount removed becomes a countable resource; the remaining amount fany, counts as a resource unless the individual redesignates it as burial funds or replenishes it up to the original excluded amount. The eligibility groups are: 1902(a)(10)(A)(i)(III); 1902(a)(10)(A)(i)(IV); 1902(a)(10)(A)(i)(IVI); 1902(a)(10)(i)(III). caretaker relatives defined by 1905(a)(ii), pregnant women defined by 1905(a)(viii), and children defined by 1905(a)(i); 1902(a)(10)(A)(ii)(IV); and 1902(a)(10)(C)(i)(III).

	STATE PLAN UNDER TIT	LE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
		HODS OF TREATING RESOURCES FION 1902(r)(2) OF THE ACT
Sectio	on 1902(f) State	X Non-Section 1902(f) State
	lowing eligibility groups, the S al Savings Plan (529 account)	tate disregards from resources, funds held in a Utah .
<u>X</u> <u>X</u> <u>X</u> <u>X</u>	expected to graduate before Medically Needy Pregnant W	der 1905(a)(i), who are 18 years old, in school, and
T.N. #	17-0017	Approval Date7-8-17
Supersede	es T.N. # <u>11-003</u>	Effective Date7-1-17

	State: _	UTAH	
	STATE L	ONG-TERM CARE INSURANCE PARTNERSHIP	
1902(r)(2) 1917(b)(1)(C)	_	ore liberal methodology applies to individuals who are cal assistance under one of the following eligibility groups	
		Aged, blind or disabled individuals in a medical institution for at least 30 consecutive days with gross income that does not exceed 300 percent of the SSI income standard – 1902(a)(10)(A)(ii)(V);)
		Aged, blind or disabled individuals who would be eligible if they were in medical institution, but are eligible for and receiving HCB waiver servic – 1902(a)(10)(A)(ii)(VI).	
	the requiremen partnership" po disregard as de equal to the am of the individua	der a long-term care insurance policy who meets is of a "qualified State long-term care insurance icy as set forth below is given a resource is scribed in the amendment. The amount of the disregard is count of the insurance benefit payments made to or on behalf. The term "long-term care insurance policy" includes a distribution of the insurance contract.	
X	requirements for appropriate, the Commissioner of insurance po	caid Agency stipulates that it will satisfy the following r a long-term care policy to qualify for a disregard. Where Agency relies on attestations by the State Insurance or other State official charged with regulation and oversight icies sold in the state regarding information within the expertise surance Department.	
		The policy is a qualified long-term care insurance policy as defined in section 7702B(b) of the Internal Revenue Code of 1986.	
		The policy meets the requirements of the Long-Term Care Insurance Model Regulation and Long-Term Care Insurance Model A promulgated by the National Association of Insurance Commissioners (adopted October 2000) as those requirements are set forth in section	s

T.N. # 14-034 Approval Date 9-10-14 Effective Date 10-1-14

1917(b)(5)(A) of the Social Security Act.

STATE PLAN	N UNDER TITLE XIX	X OF THE SOCIAL	SECURITY ACT
State:		UTAH	
STATE	LONG-TERM CARE	INSURANCE PAR	RTNERSHIP

The policy was issued no earlier than the effective date of this State Plan Amendment.

The insured individual was a resident of a Partnership State when coverage first became effective under the policy. If the policy is later exchanged for a different long-term care policy, the individual was a resident of a Partnership State when coverage under the earliest policy became effective.

The policy meets the inflation protection requirements set forth in section 1917(b)(1)(C)(iii)(IV) of the Social Security Act

The Commissioner requires the issuer of the policy to make regular reports to the Secretary that include notification regarding when benefits provided under the policy have been paid and the amount of such benefits paid, notification regarding when the policy otherwise terminates, and such other information as the Secretary determines may be appropriate to the administration of such partnerships.

The State does not impose any requirement affecting the terms or benefits of a partnership policy that the state does not also impose on non-partnership policies.

The State Insurance Department assures that any individual who sells a partnership policy receives training, and demonstrates evidence of an understanding of such policies and how they relate to other public and private coverage of long-term care.

The Agency provides information and technical assistance to the Insurance Department regarding the training described above.

Effective Date 10-1-14

T.N. # ______ Approval Date ____9-10-14

Revision: HCFA-PM-91-4 (BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A August 1991 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
•	

TRANSFER OF RESOURCES

1902(f) and 1917 of the Act

The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value.

- A. Except as noted below, the criteria for determining the period of ineligibility are the same as criteria specified in section 1917(c) of the Social Security Act (Act).
 - 1. Transfer of resources other than the home of an individual who is an inpatient in a medical institution.
 - a. The agency uses a procedure which provides for a total period of ineligibility greater than 24 months for individuals who have transferred resources for less than fair market value when the uncompensated value of disposed of resources exceeds \$12,000. This period bears a reasonable relationship to the uncompensated value of the transfer. The computation of the period and the reasonable relationship of this period to the uncompensated value is described as follows:

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-022 Effective Date 10-1-91

Revision: HCFA-PM-91-4 (BPD) August 1991

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:_	UTAH
_		
	<u>X</u> b.	The period of ineligibility is less than 30 months, as specified below:
		Utah follows the requirements as required under Section 1917(c)(1).
	<u>X</u> c.	The agency has provisions for waiver of denial of eligibility in any instance where the State determines that a denial would work an undue hardship.

T.N. # 91-021 Approval Date 12-16-91 Effective Date ____10-1-91__ Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A August 1991 Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	IJTAH
State:	OTAH

- Transfer of the home of an individual who is an inpatient in a medical institution.
 - X A period of ineligibility applies to inpatients in an SNF, ICF or other medical institution as permitted under section 1917(c).
 - a. Subject to the exceptions on page 2 of this supplement, an individual is ineligible for 30 months after the date on which he disposed of the home. However, if the uncompensated value of the home is less than the average amount payable under this plan for 30 months of care in an NF, the period of ineligibility is a shorter time, bearing a reasonable relationship (based on the average amount payable under this plan as medical assistance for care in an NF) to the uncompensated value of the home as follows:

Utah follows the requirements under Section 1917(c).

T.N. # 91-021 Approval Date 12-16-91
Supersedes T.N. # 89-022 Effective Date 10-1-91

(BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Revision: HCFA-PM-91-4 August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
	<u> </u>	

Subject to the exceptions on page 2 of this supplement, if the uncompensated value of the home is more than the average amount payable under this plan as medical assistance for 24 months of care in an SNF, the period of ineligibility is more than 24 months after the date on which he disposed of the home. The period of ineligibility bears a reasonable relationship (based upon the average amount payable under this plan as medical assistance for care in an SNF) to the uncompensated value of the home as follows:

Page 4

N/A

T.N. # 91-021

Approval Date 12-16-91

Supersedes T.N. # 89-022

Effective Date 10-1-91

Revision: HCFA-PM-91-4

August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 5

State:	UTAH
Otato.	0.7.4.1

No individual is ineligible by reason of item A.2 if --

N/A

- (i) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual can reasonably be expected to be discharged from the medical institution and to return to that home;
- (ii) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under title XVI of the Social Security Act) is blind or disabled as defined in section 1614 of the Act:
- (iii) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the home either at fair market value or for other valuable consideration;
- (iv) The agency determines that denial of eligibility would work an undue hardship;
- (v) The resources were transferred exclusively for a purpose other than to quality for medical assistance; or
- (vi) Other requirements of Section 1917(c)(2) are met.

T.N. #	91-021	Approval Date 12-16-91
Supersedes T.N. #	89-022	Effective Date10-1-91

Revision: HCFA-PM-91-4 August 1991

(BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 6

STATE F	LAN	UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
State:		UTAH
	3.	1902(f) States
		Under the provisions of section 1902(f) of the Social Security Act, the following transfer of resource criteria more restrictive than those established under section 1917(c) of the Act, apply:
В.	sup reas	er than those procedures specified elsewhere in the plement, the procedures for implementing denial of eligibility by son of disposal of resources for less than fair market value are ollows:
	1.	If the uncompensated value of the transfer is \$12,000 or less:
	2.	If the uncompensated value of the transfer is more than \$12,000:
		N/A
T.N. #91-	021	Approval Date 12-16-91
Supersedes T.N. # <u>89-</u>	022	Effective Date10-1-91

Revision: HCFA-PM-91-4 August 1991 (BPD)

SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 7

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _	UTAH
3.	If the agency sets a period of ineligibility of less than 24 months and applies it to all transfers of resources (regardless of uncompensated value):
4.	Other procedures:
	N/A

T.N. # 91-021 Approval Date 12-16-91

Supersedes T.N. # 89-022

Effective Date 10-1-91

Revision: HCFA-PM-91-4 (BPD) SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 8

ST	ATE PLAN	UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
		TRANSFER OF RESOURCES
1917 of the Act		The agency provides for the denial of eligibility by reason of disposal of resources for less than fair market value that occurred on or before August 11, 1993, for services provided on or before October 1, 1993.
	<u>X</u>	An institutionalized individual who has applied for medical assistance under the State Plan, for nursing facility service, a level of care in any institution equivalent to that of nursing facility services, and home or community-based services under a waiver granted under subsection (c) or (d) of section 1915.
	_	A Non-institutionalized individual.
		 The criteria for determining the period of ineligibility are the same as the criteria specified in section 1917(c) of the Social Security Act.
T.N. #	93-040	Approval Date2-22-94
Supersedes T.N. #	New	Effective Date 10-1-93

State:	UTAH

No individual is ineligible by reason of item A, if:

- (i) The assets were transferred to the individual's spouse, or to another, for the sole benefit of the individual's spouse;
- (ii) The assets were transferred from the individual's spouse to another, for the sole benefit of the individual's spouse;
- (iii) The assets were transferred to, or to a trust established solely for the benefit of, the individual's child who is blind or permanently and totally disabled as defined in section 1614 of the Social Security Act;
- (iv) The assets were transferred to a trust established solely for the benefit of an individual under age 65 who is disabled as defined in section 1614 of the Social Security Act;
- (v) Title to the home was transferred to the individual's spouse or child who is under age 21, or (for States eligible to participate in the State program under Title XVI of the Social Security Act) is blind or permanently and totally disabled or (for States not eligible to participate in the State program under Title XVI of the Social Security Act) is blind or disable as defined in section 1614 of the Act:
- (vi) A satisfactory showing is made to the agency (in accordance with any regulations of the Secretary of Health and Human Services) that the individual intended to dispose of the asset either at fair market value or for other valuable consideration;
- (vii) The agency determines that denial of eligibility would work an undue hardship;
- (viii) The resources were transferred exclusively for a purpose other than to qualify for medical assistance; or
- (ix) Other requirements of Section 1917(c)(2) are met.

T.N. # 93-040

Approval Date <u>2-22-94</u>

Supersedes T.N. # New

Effective Date 10-1-93

Revision: HCFA-PM-91-4 (BPD) ADDENDUM TO SUPPLEMENT 9 TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: ______UTAH____

TRANSFER OF RESOURCES

1917(c) of the Act

For transfer of resources made on or after July 1, 1988, and before August 11, 1993, the State is in compliance with the provisions of 1917(c) of the Social Security Act as amended by the provisions of the Medicare Catastrophic Coverage Act of 1988, the Family Support Act of 1988, and the Omnibus Budget Reconciliation Act of 1989.

For transfer of resources made on or after August 11, 1993, but only for services provided on or after October 1, 1993, the State is in compliance with the provisions of 1917(c) of the Social Security Act as amended by the provisions of the Omnibus Budget Reconciliation Act of 1993.

T.N. #	93-040	Approval Date <u>2-22-</u> 9	94
Supersedes T.N.#_	New	Effective Date 10-1-	93_

March 1995

SUPPLEMENT 9(a) TO ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY A	L SECURITY ACT
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	;	state:UTAH
		TRANSFER OF ASSETS
1917(c)		agency provides for the denial of certain Medicaid services by reason of osal of assets for less than fair market value.
	1.	Institutionalized individuals may be denied certain Medicaid services upon disposing of assets for less than fair market value on or after the look-back date.
		The agency withholds payment to institutionalized individuals for the following services:
		Payments based on a level of care in a nursing facility;
		Payments based on a nursing facility level of care in a medical institution;
		Home and community-based services under a 1915 waiver.
	2.	Non-institutionalized individuals:
		The agency applies these provisions to the following non- institutionalized eligibility groups. These groups can be no more restrictive than those set forth in section 1905(a) of the Social Security Act:
		The agency withholds payment to non-institutionalized individuals for the following services:
		Home health services (section 1905(a)(7);
		Home and community care for functionally disabled and elderly adults (section 1905(a)(22);
		Personal care services furnished to individuals who are not inpatients in certain medical institutions, as recognized under agency law and specified in section 1905(a)(24).
		The following other long-term care services for which medical assistance is otherwise under the agency plan:

T.N. #	95-009	Approval Date	8-17-95
Supersedes T.N.#	New	Effective Date	7-1-95

March 1995

SUPPLEMENT 9(a) TO ATTACHMENT 2.6-A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH
	TRANSFER OF ASSETS
3.	Penalty Date The beginning date of each penalty period imposed for an uncompensated transfer of assets is:
	X The first day of the month in which the asset was transferred;
	The first day of the month following the month of transfer.
4.	<u>Penalty Period - Institutionalized Individuals</u> In determining the penalty for an institutionalized individual, the agency uses:
	X The average monthly cost to a private patient of nursing facility services in the agency;
	The average monthly cost to a private patient of nursing facility services in the community in which the individual is institutionalized.
5.	Penalty Period - Non-institutionalized Individuals The agency imposes a penalty period determined by using the same method as is used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;
	Imposes a shorter penalty period than would be imposed for institutionalized individuals, as outlined below:
	No penalty for non-institutionalized individuals.

March 1995

SUPPLEMENT 9(a) TO ATTACHMENT 2.6-A Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State	:	UTAH
		TRANSFER OF ASSETS
6.		alty Period for Amounts of Transfer Less Than Cost of Nursing ility Care
	a.	Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency:
		X Does not impose a penalty;
		Imposes a penalty for less than a full month, based on the proportion of the agency's private nursing facility rate was transferred.
	b.	Where an individual makes a series of transfers, each less than the private nursing facility rate for a month, the agency:
		X Does not impose a penalty;
		Imposes a series of penalties, each for less than a full month.
7.		nsfers Make So That Penalty Periods Would Overlap agency:
		Totals the value of all assets transferred to produce a single penalty period;
	<u>X</u>	Calculates the individual penalty periods and imposes them sequentially.
8.		nsfers Made So That the penalty Periods Would Not Overlap agency:
	X	Assigns each transfer its own penalty period;
	_	Uses the method outlined below:

March 1995

SUPPLEMENT 9(a) TO ATTACHMENT 2.6-A Page 4

State:	UTAH
-	-

TRANSFER OF ASSETS

- 9. <u>Penalty Periods Transfer by a Spouse That Results in a Penalty Period For the</u> Individual -
 - a. The agency apportions any existing penalty period between the spouses using the method outlined below, provided the spouse is eligible for Medicaid. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.

If both spouses are institutionalized or placed on waiver at the same time, the penalty period would be equally divided between them. If one is institutionalized or placed on waiver after the first one, then the remaining value of transferred assets for which a sanction period exists would be divided between the two spouses and a sanction period set for each. If one spouse leaves the institution or waiver before the other while a sanction period is still in effect for each, the remaining value of transferred assets from the non-institutionalized, or non-waiver, spouse will be added to the value of the transferred assets remaining on the institutionalized or waiver client's sanction period, and a new sanction period recalculated. The spouse remaining in the institution or on the waiver will be sanctioned for the number of months determined by the recalculation.

- b. If one spouse is no longer subject to a penalty, the remaining penalty period must be served by the remaining spouse.
- 10. <u>Treatment of Income As An Asset</u> –

When income has been transferred as a lump sum, the agency will calculate the penalty period on the lump sum value.

__ The agency will impose partial month penalty periods.

When a stream of income or the right to a stream of income has been transferred, the agency will impose a penalty period for each income payment.

- For transfers of individual income payments, the agency will impose partial monthly payment periods.
- For transfers of individual income payments, the agency will impose partial monthly payment periods.
- The agency uses an alternate method to calculate penalty periods, as described below:

The length of the sanction period will equal the value of the income transferred, divided by the average daily Medicaid payment rate.

Γ.N. #	95-009	Approval Date 8-17-95
		E# # D + 3405
Supersedes T.N. #	New	Effective Date 7-1-95

SUPPLEMENT 9(a) TO ATTACHMENT 2.6-A
Page 5

Revision: HCFA-PM-95-1 (MB) SUPPL March 1995

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
	TRANSFER OF ASSETS	

11. Imposition Of a Penalty Would Work an Undue Hardship --

The agency does not apply the transfer of assets provisions in any case in which the agency determines that such an application would work an undue hardship. The agency will use the following procedures in making undue hardship determinations:

- When a client is notified that a sanction will be imposed because of a transfer of assets, the notice will inform them of the undue hardship policy.
- 2. When a client or representative claims undue hardship exists, the eligibility worker will review the claim to decide if undue hardship criteria are met.
- 3. A client has a right to appeal the agency's decision.

The following criteria will be used to determine whether the agency will not count assets transferred because the penalty would work an undue hardship:

- The client has exhausted all reasonable legal means to access or regain possession of the trust assets, or has demonstrated that efforts to access or regain possession of the trust assets would probably not succeed.
- 2. The client meets the following conditions:
 - Without Medicaid, the client would be unable to receive medical care and is at risk of death or permanent disability without the medical care; and
 - b. The client and the client's spouse or parent(s) of a minor child cannot afford to meet the cost of the client's medical needs at home.

T.N. #	95-009	Approval Date _	8-17-95
Supersedes T.N. #	New	Effective Date	7-1-95

		State:	UTAH
			TRANSFER OF ASSETS
1917(c)		R FEBRUARY 8, 2006	ETS FOR LESS THAN FAIR MARKET VALUE MADE ON OR , the agency provides for the denial of certain Medicaid
	1.		iduals are denied coverage of certain Medicaid services upon or less than fair market value on or after the look-back date.
		The agency does not individuals for the foll	provide medical assistance coverage for institutionalized owing services:
		Nursing facil	ity services;
		Nursing facil	ity level of care provided in a medical institution;
		Home and c	ommunity-based services under a 1915(c) or (d) waiver.
	2.	Non-institutionalized	individuals:
		eligibility gro	applies these provisions to the following non-institutionalized ups. These groups can be no more restrictive than those set on 1905(a) of the Social Security Act:
		N/A	
		The agency withholds services:	s payment to non-institutionalized individuals for the following
		Home health	services [(Section 1905(a)(7)];
		Home and co [Section 190	ommunity care for functionally disabled elderly adults 5(a)(22)];
		Personal car certain medi	re services furnished to individuals who are not inpatients in cal
		06-012	Approval Date <u>12-26-06</u>
Superse	edes T.I	N. # <u>New</u>	Effective Date7-1-06_

	State:	UTAH	_
	TRANS	FER OF ASSETS (Continued)	
	institutions, as recognized unde	er agency law and specified in Section	n 1905(a)(24).
	The following other long-term contherwise made under the ager	eare services for which payment for moncy plan:	edical assistance is
	N/A		
3.	Penalty Date—The beginning da uncompensated transfer of ass	ate of each penalty period imposed for sets is the later of:	r an
	 the first day of a month duri than fair market value; 	ing or after which assets have been tr	ansferred for less
	The state uses the first day	of the month in which the assets were	e transferred.
	X The state uses the first of were transferred or;	day of the month after the month in w	hich the assets
		dual is eligible for medical assistance Paragraphs 1 and 2 that, were it not fo e covered by Medicaid; and	
	which does not occur during a transfer of assets penalty.	g any other period of ineligibility for se	rvices by reason of
4.	Penalty Period - Institutionalized In determining the penalty for a	<u>d Individuals</u> ın institutionalized individual, the agen	cy uses:
	X the average monthly costate at the time of appli	st to a private patient of nursing facilit ication;	y services in the
		st to a private patient of nursing facilit individual is institutionalized at the tim	
T.N. #	06-012	Approval Date	12-26-06

Effective Date	7-1-06
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SUPPLEMENT 9(b) TO ATTACHMENT 2.6-A Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

UTAH

TRANSFER OF ASSETS	S (Continued)	

5. Penalty Period - Non-institutionalized Individuals

The agency imposes a penalty period determined by using the same method used for an institutionalized individual, including the use of the average monthly cost of nursing facility services;

imposes a shorter penalty period than is imposed for institutionalized individuals, as outlined below:

N/A

- 6. Penalty period for amounts of transfer less than cost of nursing facility care
 - Where the amount of the transfer is less than the monthly cost of nursing facility care, the agency imposes a penalty for less than a full month, based on the option selected in Item 4.
 - X The state adds together all transfers for less than fair market value made during the look-back period in more than one month and calculates a single period of ineligibility, which begins on the earliest date that would otherwise apply if the transfer had been made in a single lump sum.
- 7. <u>Penalty periods transfer by a spouse that results in a penalty period for the individual</u>
 - (a) If the spouse is eligible for Medicaid, the agency apportions any existing penalty period between the spouses using the method outlined below. A penalty can be assessed against the spouse, and some portion of the penalty against the individual remains.
 - * If both spouses become institutionalized at different times, the penalty period remaining at the time the second spouse becomes an institutionalized individual is divided equally between both spouses.
 - * If both spouses become institutionalized at different times, the penalty period remaining at the time the second spouse becomes an institutionalized individual is divided equally between both spouses

T.N. # _		06-012	Approval Date _	12-26-06
Superse	edes T.N	N. # <u>New</u>	Effective Date_	7-1-06
			SUPPLEMENT 9(b) TO ATTACHMENT 2.6-A Page 4
		STATE PLAN UND	ER TITLE XIX OF THE SOCIAL SECUR	RITY ACT
		State:	UTAH	<u> </u>
		TRAI	NSFER OF ASSETS (Continued)	
		If one spouse is no lor served by the other sp	nger subject to a penalty, the remaining pouse.	penalty period must be
8.	Treatme	ent of a transfer of inco	<u>ome</u>	
		ncome has been transf o sum value.	ferred as a lump sum, the agency calcula	ites the penalty period on
		stream of income or the a penalty period for e	he right to a stream of income has been each income payment.	transferred, the agency
			dual income payments, the agency impos hodology selected in #6 above.	ses partial month penalty
		_	ght to an income stream, the agency base lue of all payments transferred.	es the penalty period on the
9.	<u>Impositi</u>	on of a penalty would v	work an undue hardship	
	the ager		a penalty for transferring assets for less talty would work an undue hardship. The aship determinations:	
	Applicat	ion of a transfer of ass	sets penalty would deprive the individual:	
	(a)	of medical care that e	ndangers the individual's health or life; or	
	(b)	of food, clothing, shelt	er, or other necessities of life.	

The agency has established the following hardship waiver request process:

The agency notifies the recipient that an undue hardship exception exists, and gives the recipient 30 days to make a written request for undue hardship to

10. Procedures for Undue Hardship Waivers

(a)

		SUPPLEMENT 9(b) TO ATTACHMENT 2.6-A
		Page 5
S	STATE PLAN UND	ER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:	UTAH
		TRANSFER OF ASSETS (Continued)
explain why t	he hardship exists.	
(b)	The agency prowaiver should be	vides a timely process to determine whether an undue hardship e granted;
(c)	The notice desc adverse determine	ribes the process under which a recipient may appeal an ination.
THOSE PROCES		
of the institut of the individ		
of the institut of the individe 11. <u>Bed Hold</u> Pending appi	ionalized individual ual's personal reproduced Waivers for Hard roval of a hardship	l. The application requires the individual's consent or the consent esentative.
of the institut of the individual of the individ	ionalized individual ual's personal reprodumental d Waivers for Hard roval of a hardship y:	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a
of the institut of the individual of the individ	ionalized individual ual's personal repred Waivers for Hard roval of a hardship by: Payments to the nu	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a
of the institut of the individual of the individ	ionalized individual ual's personal repred Waivers for Hard roval of a hardship by: Payments to the nu	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a
of the institut of the individual of the individ	ionalized individual ual's personal repred Waivers for Hard roval of a hardship by: Payments to the nu	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a
of the institut of the individual of the individ	ionalized individual ual's personal repred Waivers for Hard roval of a hardship by: Payments to the nu	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a
of the institut of the individual of the individ	ionalized individual ual's personal repred Waivers for Hard roval of a hardship by: Payments to the nu	I. The application requires the individual's consent or the consent esentative. Ship Applicants waiver application, the following applies to a resident of a resident of a

SUPPLEMENT 10 TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	UTAH	
	TRANSFER OF ASSETS	

The agency does not apply the trust provisions in any case in which the agency determines that such application would work an undue hardship.

The following criteria will be used to determine whether the agency will not count assets transferred because doing so would work an undue hardship:

- 1. The individual cannot immediately access the assets and without Medicaid will be deprived:
 - a. Of medical care such that the individual's health or life would be endangered; or
 - b. Of food, clothing, shelter, or other necessities of life.
- 2. The agency will follow procedures outlined in Supplement 9(b) to Attachment 2.6-A, Pages 4 and 5, #10 to determine if undue hardship exists.

Under the agency's undue hardship provisions, the agency exempts the funds in an irrevocable burial trust.

The maximum value of the exemption for an irrevocable burial trust is \$7,000.

Revision: HCFA-PM-91-4 (BPD)

SUPPLEMENT 10(a) TO ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER	TITLE VIV OF	THE SOCIAL	SECUDITY ACT
STATE PLAN UNDER	TITLE XIX OF	THE SOCIAL	SECURITY ACT

	State:	UTAH
	TRAN	SFER OF ASSETS UNDUE HARDSHIP
1917(c)(2)(D) of the Act	ар	e following criteria will be used to determine whether the agency will not ply a period of ineligibility due to a transfer of assets, because it would rk an undue hardship for categorically and medically needy individuals.
	1.	The individual cannot immediately access the assets and without Medicaid the individual will be deprived:
	a.	Of medical care such that the individuals' health or life would be endangered: or

b. Of food, clothing, shelter, or other necessities of life.

Revision: HCFA-PM-91-8 (MB) October 1991

SUPPLEMENT 11 TO ATTACHMENT 2.6-A

Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State: UTAH
Citation	Condition or Requirement
	COST EFFECTIVENESS METHODOLOGY FOR COBRA CONTINUATION BENEFICIARIES
1902(u) of the Act	Premium payments are made by the agency only if such payments are likely to be cost-effective. The agency specifies the guidelines used in determining cost effectiveness by selecting one of the following methods:
	The methodology as described in SMM section 3598.
	Another cost-effective methodology as described below.
	N/A

T.N. #	91-025	Approval Date	7-10-92
Supersedes T.N. #	New	Effective Date	12-1-91

Revision: HCFA-PM-99-1 SUPPLEMENT 12 TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER	TITLE XIX	OF THE	SOCIAL	SECURITY	ACT

State: UTAH

VARIATIONS FROM THE BASIC PERSONAL NEEDS ALLOWANCE

Disclosure Statement for Post-Eligibility Preprint

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is #0938-0673. The time required to complete this information collection is estimated at 5 hours per response, including the time to review instructions, searching existing data resources, gathering the data needed and completing and reviewing the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: HCFA, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland 21244-1850 and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

T.N. #	99-001	Approval Date	4-28-99
Supersedes T.N.#	New	Effective Date	1-1-99

SUPPLEMENT 12a TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE >	XIX OF THE SOCIAL SECURITY ACT
State:	JTAH
ELIGIBILITY CONDI	TIONS AND REQUIREMENTS
ELIGIBILITY UNDER S	SECTION 1931 OF THE ACT
The State covers low-income families and	children under Section 1931 of the Act.
The following groups were include	d in the AFDC State Plan effective July 16, 1996:
X Pregnant women with no other	eligible children.
X AFDC children age 18 who are equivalent level of vocational or	e full-time students in a secondary school or in the or technical training.
In determining eligibility for Medica methodologies in effect as of July	aid, the agency uses the AFDC standards and 16, 1996 without modification.
	aid, the agency uses the AFDC standards and 16, 1996 with the following modifications.
The agency applies lower incompared standards in effect on May 1, 1	me standards which are no lower than the AFDC 1988, as follows:
1996, increased by no more th 16, 1996, as follows: Increased	ome standards than those in effect as of July 16, an the percentage increases in the CPI-U since July d the need standard and the AFDC payment standard 16, 1996 through December 31, 1997.
	ource standards than those in effect as of July 16, an the percentage increases in the CPI-U since July
T.N. #98-008	Approval Date1-10-00_
Supersedes T.N. #97-003	Effective Date

SUPPLEMENT 12a TO ATTACHMENT 2.6-A Page 1a

Effective Date _____1-1-01__

	STATE PLAN UNDER	TITLE XIX OF THE S	OCIAL SECURITY	ACT
	State:	UTAH		
	ELIGIBILITY	CONDITIONS AND R	REQUIREMENTS	
	ELIGIBILITY UN	DER SECTION 1931	OF THE ACT (Cor	nt.)
X	The agency uses less r in effect as of July 16, 1		or resource metho	dologies than those
	The State shall disrega the BMS for the househ standard for a househo	old size and the corr	esponding State AF	DC payment
	When determining net percent of the gross se			
	If the self-employed ind than 40 percent of the gnet profit from self-emp would be allowed by the income.	gross self-employmer loyment by deducting	nt income, the State gany actual busines	shall determine the ss expenses that
	If the total gross earned the Federal poverty lever eligibility due to earning relative for six months. lost eligibility due to ear relative does not excee the State will disregard six months.	el for the household s is, the State will disre In the seventh month mings, if the total grow d 185% of the Federa	size in the month the gard the earned inc n after the househo ss earned income c al poverty level for t	e household loses come of the specified ld would have initially if the specified he household size,
	The State shall disrega a "passenger vehicle" a \$1500 or the equity valudisregard for the house	s defined in UCA 26- ue of any one vehicle	18-2(6) or the State	e shall disregard
T.N. #	01-005		Approval Date	6-6-01

Supersedes T.N. # New

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: UTAH ELIGIBILITY CONDITIONS AND REQUIREMENTS

ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)

X The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:

Interest accrued on funds an individual contributes to a demonstration Individual Development Account will be excluded from countable income.

For 1931 Medicaid, retirement accounts owned by a disabled parent or disabled spouse will be excluded from available resources when the disabled parent or disabled spouse is not included in the 1931 Medicaid coverage.

Funds an individual contributes to a demonstration Individual Development Account and any interest accrued on those funds will be excluded from available resources.

The state will deduct from the family's combined earned and unearned income an amount equal to the amount by which the family's income standard would increase if each household member who is ineligible due to the qualified alien status requirements was included.

The state will exclude the following types of income:

- (a) income excluded by 1612b(20) of the Social Security Act, which refers to Hostile Fire Pay or Imminent Danger Pay received by a household member who is on active duty in the armed forces serving in a combat zone.
- (b) income excluded by 1612b(23) of the Social Security Act, which refers to interest and dividends received on certain resources.

The state excludes the following resources for nine months:

- (a) Lump sum payments of retroactive benefits from Social Security, the Supplemental Security Income Program and Railroad Retirement benefits.
- (b) Payments of Earned Income Tax credits and Child Tax credits.

The state will disregard from resources up to \$1,500 in funds set aside and specifically designated for the individual's burial to the extent that such funds, when combined with the value of other resources designated for the individual's burial, do not exceed \$1,500. Interest earned and left to accumulate on excluded burial assets is not counted as income or as an available resource. If excluded burial funds are used for some other purpose, the amount removed becomes a countable resource; the remaining amount, if any, counts as a resource unless the individual redesignates it as burial funds or replenishes it up to the original excluded amount.

T.N. #	09-006	Approval Date	3-29-10
Supersedes T.N. #	05-016	Effective Date	10-1-09

SUPPLEMENT 12a TO ATTACHMENT 2.6-A Page 2

	STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
	State:UTAH
	ELIGIBILITY CONDITIONS AND REQUIREMENTS
	ELIGIBILITY UNDER SECTION 1931 OF THE ACT (Cont.)
<u>X</u>	The agency uses less restrictive income and/or resource methodologies than those in effect as of July 16, 1996, as follows:
	The State disregards from resources state tax refunds for 12 months after the month of receipt when the refund is received between April 1, 2011, and December 31, 2012.
	The State shall apply a \$1,000 resource limit with an additional \$1,000 of resources disregarded for a household size of one. For a household size of two, \$2,000 in additional resources will be disregarded. For a household larger than two persons, \$2,000 plus \$25 in additional resources for each person in excess of two persons will be disregarded.
	The agency terminates medical assistance (except for certain pregnant women and children) for individuals who fail to meet TANF work requirements.
	The agency continues to apply the following waivers of provisions of Part A of Title IV in effect as of July 16, 1996, or submitted prior to August 22, 1966, and approved by the Secretary on or before July 1, 1997.
T.N.	# Approval Date 8-5-11
Sup	ersedes T.N. # <u>04-019</u> Effective Date <u>4-1-11</u>

Revision: HCFA-PM-00-1

February 2000

SUPPLEMENT 12a TO ATTACHMENT 2.6-A

Page 3

	STATE PLAN UNDER TITLE	E XIX OF THE SOCIAL SECU	JRITY ACT
	State:	UTAH	
	ELIGIBILITY CONDI	TIONS AND REQUIREMENT	rs
	ELIGIBILITY UNDER SEC	CTION 1931 OF THE ACT (Co	ont.)
The State	covers low-income families and	children under section 1931 o	f the Act.
<u>X</u>	The agency uses less restrictiving in effect as of July 16, 1996, as		thodologies than those
	All wages paid by the Census E activities are excluded.	Bureau for temporary employr	ment related to Census
	The income and/or resource m replace are as follows:	ethodologies that the less res	trictive methodologies
T.N. #	09-006	Approval Date	3-29-10
Supersede	es T.N. # <u>New</u>	Effective Date	10-1-09

		STATE PLAN UNDER TI	TLE XIX OF THE SO	OCIAL SECURITY ACT
		State:	UTAH	
		SECT	ION 1924 PROVISI	<u>ONS</u>
A.		e and resource eligibility po duals who have spouses livi		mine eligibility for institutionalized y are consistent with 1924.
В.		determination of resource dises yearly by the CPI as re		esource standard is \$12,000 but n 1924 of the Act.
C.				ermining if the institutionalized spouses resources is described below:
		oousal assets exceeding the e client if:	e spouse's assessed	d share may be declared unavailable to
	1.	The client's spouse refuse	es to make the asse	ts available,
		AND		
	2.	Counting the spouse's as client to exceed the asset		the institutionalized client causes the
		AND		
	3.	The client is not able to co	omplete the ORS FO	DRM 048,
		AND		
	4.	Without Medicaid coverage medical care needed,	ge for institutional ca	are, the client will not be able to get the
		AND		
	5.	The client is at risk of per- verified by a physician's s		thout institutional care. This must be

T.N. # 90-003 Approval Date ____1-11-90_ Supersedes T.N. # New Effective Date _____10-1-89__ Revision: HCFA-PM-95-7 (MB) SUPPLEMENT 14 TO ATTACHMENT 2.6-A October 1995 Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCE REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB infected individuals under section 1902(z)(1) of the Act, the income and resource eligibility levels are as follows:

The resource standard for individuals infected with tuberculosis is the maximum amount of resources that an individual or couple may have and obtain benefits for Supplemental Security Income under Title XVI of the Social Security Act.

The gross income standard for individuals infected with tuberculosis is the maximum amount of income a disabled individual described in Section 1902(a)(10)(A)(i) of the Social Security Act may have and obtain medical assistance under the plan.

T.N. # 95-020 Approval Date 12-12-95

Supersedes T.N. # 94-003 Effective Date 10-1-95

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Utah	
_		

ASSET VERIFICATION SYSTEM

1940(a) of the Act

- 1. The agency will provide for the verification of assets for purposes of determining or re-determining Medicaid eligibility for aged, blind and disabled Medicaid applicants and recipients using an Asset Verification System (AVS) that meets the following minimum requirements.
 - a. The request and response system must be electronic:
 - (i) Verification inquiries must be sent electronically via the internet or similar means from the agency to the financial institution (FI).
 - (ii) The system cannot be based on mailing paper-based requests.
 - (iii) The system must have the capability to accept responses electronically.
 - b. The system must be secure, based on a recognized industry standard of security (e.g., as defined by the U.S. Commerce Department's National Institute of Standards and Technology, or NIST).
 - c. The system must establish and maintain a database of FIs that participate in the agency's AVS.
 - d. Verification requests must also be sent to FIs other than those identified by applicants and recipients, based on some logic such as geographic proximity to the applicant's home address, or other reasonable factors whenever the agency determines that such requests are needed to determine or re-determine the individual's eligibility.
 - e. The verification requests must include a request for information on both open and closed accounts, going back up to five years as determined by the State.

T.N. #	12-010	Approval Date _	2-7-13	
Supersedes T.N. #	New	Effective Date	10-1-12	

			State: Utah
		AS	SET VERIFICATION SYSTEM
2.	System Dev	elopr	ment
		_a.	The agency will develop an AVS.
			In 3 below, provide any additional information the agency wants to include.
	X	b.	The agency will hire a contractor to develop an AVS.
			In 3 below, provide any additional information the agency wants to include.
		c.	The agency will be joining a consortium to develop an AVS.
			In 3 below, identify the states participating in the consortium. Also, provide any other information the agency wants to include pertaining to how the consortium will implement the AVS requirements.
		d.	The agency already has a system in place that meets the requirements for an acceptable AVS.
			In 3 below, describe how the existing system meets the requirements in Section 1.
		e.	Other alternative not included in A D. above.
			In 3 below, describe this alternative approach and how it will meet the requirements in Section 1.
T.N. #	12-010	<u> </u>	Approval Date <u>2-7-13</u>
Supersedes T.N	N. # <u>New</u>		Effective Date10-1-12

SUPPLEMENT 16 TO ATTACHMENT 2.6-A Page 3

Revision:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:_	Utah	
ASSET VERIFIC	CATION SYSTEM	

3. Provide the AVS implementation information requested for the implementation approach checked in Section 2, and any other information the agency may want to include.

The state will issue a Request for Information (RFI) to find out what type of solutions are available that would meet the following requirements and demonstrate that the cost savings to the state will exceed the cost of implementation and operation.

- a. An electronic process for asset verification;
- b. A database of financial institutions that provide data to the entity;
- c. A five-year look back of the assets on individual applicants, recipients, spouses, and partners, when appropriate;
- d. A secure system based on a recognized industry as defined by the U.S. Commerce Department's National Institute;
- e. Verification requests will include both open and closed asset account information within the time span of the requested search:
- f. The acceptable asset verification entity will provide adequate data for the generation of all required reports expected to meet federal requirements such as the number of requests, number of responses and amounts of undisclosed assets found.

Based on the responses to the RFI, the state will seek bids and contract with a qualified contractor to set up a system meeting these requirements and producing cost savings to the state that exceed the cost of implementation and operation.

T.N. #	12-010	Approval Date _	2-7-13
Supersedes T.N.#_	New	Effective Date _	10-1-12

	State:U	an				
DISC	DISQUALIFICATION FOR LONG-TERM CARE ASSISTANCE FOR INDIVIDUALS WITH SUBSTANTIAL HOME EQUITY					
1917(f)	The state agency denies reimburs term care services covered under spouse, child under 21 or adult dis the individual's equity interest in the	the State Plan for an individual v abled child residing in the individ	vho does not have a dual's home, when			
		sed by the annual percentage in the consumer price index beginn t \$1,000).				
	(increased by the ann	exceeds \$500,000 but does not ual percentage increase in the udex beginning with 2011, rounde	rban component of			
	The amount chosen by the State is					
	This higher standard	applies statewide.				
	This higher standard in the following areas	does not apply statewide. It only of the State:	applies			
	This higher standard	applies to all eligibility groups.				
	This higher standard	only applies to the following eligi	bility groups.			
	The state has a process under when hardship.	nich this limitation will be waived	l in cases of undue			
T.N. #	06-012	Approval Date	12-26-06			
Supersed	des T.N. # <u>New</u>	Effective Date	7-1-06			